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BUCKINGHAMSHIRE COUNTY COUNCIL

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ANNUAL REPORTS

of the

COUNTY MEDICAL OFFICER of HEALTH

COUNTY WELFARE OFFICER

and

PRINCIPAL SCHOOL MEDICAL OFFICER

for the Year

1966

BUCKINGHAMSHIRE COUNTY COUNCIL



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PRINCIPAL SCHOOL MEDICAL OFFICER

for the Year

1966



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(SCHOOL HEALTH SERVICE)

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Department of Health and Welfare,
County Offices,
Aylesbury.
June, 1967.

Madam Chairman, Ladies and Gentlemen,

I have pleasure in presenting to you my annual reports for 1966. These reports follow the pattern of the last few years and, with one exception, there is nothing that I need bring to your attention which is not mentioned in the body of these reports.

As you are aware, the rate of development in certain aspects of welfare has been disappointingly slow, particularly in the provision of accommodation for the elderly and infirm in need of care and attention. This was due to national events and could not be avoided; it is well, however, to remind ourselves that a lot of leeway has to be made up if adequate services are to be provided.

As this will be my last report to you, it only remains for me to record my sincere thanks to members of the County Health and Education Committees for the consideration and encouragement shown to the staff and to myself throughout my service with the County Council—to the voluntary associations for so much help willingly given—and to the staff, present and past, for their loyalty and support.

It proved impossible to have this report in print before I left but I was anxious that it should be in members' hands as usual before the summer recess. I am therefore leaving the final proof-reading and arrangement to Mr. Ridpath who, for some years now, has had special responsibility in connection with the production of the report.

I am,

Your obedient Servant,

G. W. H. TOWNSEND,
County Medical Officer,
County Welfare Officer,
and Principal School Medical Officer.

STAFF

*County Medical Officer of Health,
County Welfare Officer and Principal School Medical Officer :*

G. W. H. TOWNSEND, C.B.E., B.A., M.B., B.CH., D.P.H.

*Deputy County Medical Officer of Health,
Deputy County Welfare Officer and Deputy Principal School Medical Officer :*

J. DRUMMOND, M.B., CH.B., D.P.H.

Area Medical Officers and Divisional School Medical Officers :

M. A. CHARRETT, M.R.C.S., L.R.C.P., D.P.H.
(also Medical Officer of Health, Borough of Slough)

P. LAVIS, M.B., CH.B., D.P.H.
(also Medical Officer of Health, Borough of Buckingham, Urban Districts of Bletchley, Newport Pagnell and Wolverton, Rural Districts of Buckingham, Newport Pagnell and Winslow)

A. J. MUIR, M.B., CH.B., B.H.Y., D.P.H.
(also Medical Officer of Health, Borough of High Wycombe, Urban District of Marlow and Rural District of Wycombe)

A. W. PRINGLE, B.A., M.B., B.CH., B.A.O., D.P.H.
(also Medical Officer of Health, Borough of Aylesbury, Rural Districts of Aylesbury and Wing)

Divisional School Medical Officer :

G. M. HOBBIN, B.COM., M.B., CH.B., D.P.H.
(also Medical Officer of Health, Urban District of Eton and Rural District of Eton)

Deputy Divisional School Medical Officer :

B. H. BURNE, M.R.C.S., L.R.C.P., D.P.H.
(also Medical Officer of Health, Urban Districts of Beaconsfield and Chesham and Rural District of Amersham)

Principal Medical Officers :

PATRICIA HERDMAN, M.B., B.S., D.P.H.
R. BARNES, M.A., M.R.C.S., L.R.C.P., D.P.H.

Assistant County Medical Officers and School Medical Officers :

LILIAN F. C. BEATTIE, M.B., B.S.

BARBARA V. GIBSON, M.B., B.S., M.R.C.S., L.R.C.P.

JOAN GRAY, M.B., CH.B., D.P.H.

J. P. HUTCHBY, M.B., B.CH., B.A.O.

HANNAH V. ILLING, M.B., CH.B.

WENDY L. JEFFERSON, M.B., B.S., D.Obst.

MARY I. MCARTHUR, M.B., CH.B., D.P.H.

EVELYN D. MORLEY, M.B., CH.B., D.C.H.

AUDREY MYANT, M.B., B.S., M.R.C.P., D.P.H.

WINIFRED J. RISK, M.B., CH.B.

JENNIE ROBERTSON, M.B., B.S.

G. F. SLOCOMBE, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. (*Senior Assistant*)

MARY R. VENNING, B.M., B.CH., C.P.H. (*Part-time*)

R. L. WALMSLEY, M.A., L.M.S.S.A.

*Child Guidance and Preventive Psychiatry :
Consultant Psychiatrists*

C. E. BAGG, M.A., M.R.C.S., L.R.C.P., D.P.M.

M. K. M. LINDSAY, M.B., B.CH., B.A.O., D.C.H., D.P.M.

M. I. POTT, M.B., CH.B., M.R.C.S., L.R.C.P., D.C.H., D.P.M.

*Child Guidance :
Consultant Psychiatrists*

E. F. BROWNE, B.M., B.CH., D.P.M.

J. M. M. LINDSAY, M.D., B.CH., B.A.O., D.P.M.

*Preventive Psychiatry :
Consultant Psychiatrist :*

E. M. BOOTH, M.B. CH.B., D.P.M.

Principal School Dental Officer:

C. H. GRIFFITHS, L.D.S.

Orthodontist :

AUDREY M. BLANDFORD, L.D.S., D.ORTH.

School Dental Officers :

(also employed part-time on the dental care of expectant and nursing mothers and young children)

B. A. BERRILL, L.D.S., R.C.S.

R. J. E. DERWENT, L.D.S., R.C.S.

EVA DEUTSCH, M.D. (*Part-time*)

K. R. DIXON, L.D.S., R.C.S.

C. HOWARD, B.D.S., L.D.S., R.C.S.

MRS. LISE LEVY, L.D.S. (*Part-time*)

L. F. LOEWE, M.D.

MRS. B. A. MAUDSLEY, B.D.S., L.D.S. (*Part-time*)

MRS. J. W. PAUL, L.D.S., R.C.S. (*Part-time*)

MISS M. A. RICHARDSON, B.D.S., L.D.S., R.C.S. (*Part-time*)

C. ROONEY, L.D.S.

G. A. SCIVIER, B.D.S., L.D.S.

P. W. SEWELL, L.D.S., R.C.S.

A. D. VALENTINE, B.D.S., L.D.S., R.C.S. (*Part-time*)

Chief Administrative Officer :

E. L. EYRE

Superintendent Health Visitor :

MISS E. L. MARTIN

Deputy Chief Administrative Officer :

A. D. H. RIDPATH

Supervisor of Midwives and Home Nurses :

MISS D. T. N. COLE

*County Health Inspector
and Health Education Organiser :*

J. W. KENDALL

County Home Help Organiser :

MRS. A. TOMLINSON

County Transport and Ambulance Officer :

E. W. DANIELS

Social Work Training Officer:

MISS E. R. GLOYNE

Senior Occupational Therapist :

MISS F. B. SILK

**Part-time officers of the Authority
and others discharging duties for the Authority**

County Consultant (diseases of the chest) :

A. STEPHEN HALL, M.A., M.B., F.R.C.P.

Physicians (diseases of the chest) :

| | | | | |
|--------------------------------|----|----|----|---------------------------------------|
| Oxford Regional Hospital Board | .. | .. | .. | W. T. BIRMINGHAM, B.A., M.D., B.CH. |
| | | | | A. STEPHEN HALL, M.A., M.B., F.R.C.P. |
| | | | | A. O. ROBSON, M.B., B.S., M.R.C.P. |

| | | | | |
|--|----|----|----|-------------------------------|
| North West Metropolitan Regional Hospital Board | .. | .. | .. | BRIAN C. THOMPSON, M.A., M.D. |
| | | | | J. F. HARE, M.B. M.R.C.P. |

Consultant Geriatrician :

H. CAPLAN, B.A., M.B., B.CHIR., M.R.C.S., M.R.C.P.

LORNA C. DAVIES, M.B., B.S., D.C.H., M.R.C.P.

A. W. HOGG, M.B., CH.B., M.R.C.P.

Ophthalmic Surgeons :

(Part-time services made available by arrangement with the
North West Metropolitan and Oxford Regional Hospital Boards)

T. S. S. GREGORY, M.B., B.CH., F.R.C.S., D.O.M.S.

R. C. JACK, M.B., B.CHIR., F.R.C.S., M.R.C.S., L.R.C.P., D.O.M.S.

J. MOSS, M.B., CH.B., D.O.

V. P. PURVIS, M.B., B.S., D.O., D.O.M.S., R.C.P.S.

MRS. N. M. OUGHTON, M.B., CH.B., D.O.

Part I

LOCAL HEALTH AUTHORITY
SERVICES

SECTION A.—GENERAL STATISTICS FOR THE COUNTY

The area of the geographical and administrative County is 477,750 acres (approximately 746 square miles) and the numbers of private households and private dwellings at the 1961 census were 149,053 and 152,525 respectively, increases over the 1951 census figures of 31.9 and 39.7 per cent.

The rateable value of the County at 1st April, 1967, was £31,006,222 as against £29,721,227 at 1st April, 1966, an increase of over four per cent.

The estimate of the Registrar General for mid-1966 refers to the home population including members of the armed forces stationed in the area, and amounts to 542,020 compared with 532,990 for 1965. At the 1961 census the total population of the County was 484,094.

Census populations, estimated populations, birth and mortality rates for individual County Districts are quoted in Table (e) of Section H.

Live Births:

| | | 1965 | | | 1966 | | |
|--------------|----|--------------|--------------|---------------|--------------|--------------|---------------|
| | | Males | Females | Totals | Males | Females | Totals |
| Legitimate | .. | 5,020 | 4,786 | 9,806 | 4,916 | 4,701 | 9,617 |
| Illegitimate | .. | 348 | 305 | 653 | 338 | 308 | 646 |
| Totals | .. | <u>5,368</u> | <u>5,091</u> | <u>10,459</u> | <u>5,254</u> | <u>5,009</u> | <u>10,263</u> |

| | 1964 | 1965 | 1966 |
|--|--------|--------|--------|
| Live birth rate per 1,000 population | 20.1 | 19.6 | 18.9 |
| Illegitimate live births per cent of total live births | 5.4 | 6.2 | 6.3 |
| Number of stillbirths | 172 | 122 | 132 |
| Stillbirths rate per 1,000 total live and stillbirths | 15.9 | 11.5 | 12.7 |
| Total live and stillbirths | 10,808 | 10,581 | 10,395 |
| Number of infant deaths (deaths under one year) | 178 | 156 | 163 |
| Infant Mortality Rates: | | | |
| Total Infant deaths per 1,000 total live births | 16.7 | 14.9 | 15.9 |
| Legitimate infant deaths per 1,000 legitimate live births | 16.4 | 14.9 | 15.4 |
| Illegitimate infant deaths per 1,000 illegitimate live births | 22.6 | 15.3 | 23.2 |
| Number of deaths of infants under four weeks | 139 | 116 | 125 |
| Neo-natal mortality rate (deaths under four weeks per 1,000 live births) | 13.2 | 11.1 | 12.2 |
| Number of deaths of infants under one week | 120 | 106 | 105 |
| Early neo-natal mortality rate (deaths under one week per 1,000 live births) | 11.3 | 10.1 | 10.2 |
| Perinatal mortality rate (stillbirths and deaths under one week combined per 1,000 total live and stillbirths) | 27.0 | 21.5 | 22.8 |
| Number of maternal deaths (including abortion) | 4 | 3 | 1 |
| Maternal mortality rate per 1,000 live and still births | 0.37 | 0.28 | 0.10 |

Principal causes of deaths:

| | | | | | | | | |
|---------------------------------|----|----|----|----|----|-------|-------|-------|
| Heart disease | .. | .. | .. | .. | .. | 1,464 | 1,513 | 1,522 |
| Cancer | .. | .. | .. | .. | .. | 900 | 979 | 999 |
| Bronchitis | .. | .. | .. | .. | .. | 195 | 223 | 291 |
| Pneumonia | .. | .. | .. | .. | .. | 362 | 316 | 347 |
| Influenza | .. | .. | .. | .. | .. | 3 | 2 | 18 |
| Tuberculosis—Respiratory | .. | .. | .. | .. | .. | 20 | 14 | 14 |
| Other forms | .. | .. | .. | .. | .. | 4 | 4 | 3 |
| Motor vehicle accidents | .. | .. | .. | .. | .. | 86 | 76 | 105 |
| All other accidents | .. | .. | .. | .. | .. | 107 | 96 | 118 |
| Total deaths from all causes | .. | .. | .. | .. | .. | 4,617 | 4,725 | 4,976 |
| Death rate per 1,000 population | .. | .. | .. | .. | .. | 8.7 | 8.9 | 9.2 |

It will be noted above that this year only one death from maternal causes was recorded in the County, representing a rate of 0.10 per thousand total live and stillbirths. The rate for England and Wales was 0.26, which was slightly higher than the new low record of the previous year.

SECTION B.—GENERAL PROVISION OF HEALTH SERVICES
NATIONAL HEALTH SERVICE ACT, 1946
SECTION 22.—CARE OF MOTHERS AND YOUNG CHILDREN

Child Welfare Centres

As in earlier years the child welfare centres in the County continue to be popular and well attended. During the year 25,034 children made 134,499 attendances at 126 centres. It was not necessary to open a new centre but additional sessions have been required at some of those already in existence.

During the year the children made fewer attendances than usual. There were 663 more children on the registers and yet the number of attendances fell by 4,235. The reason may be two-fold. Firstly, since April, 1966 immunisation against polio takes place concurrently instead of consecutively, with the immunisation, using the triple antigen against whooping cough, diphtheria and tetanus; secondly, it may be that where full developmental examinations are being carried out conscientiously, confidence is given to the mothers who then avoid the unnecessarily frequent attendances at centres for re-assurance.

Sessions set aside for examination of toddlers can be useful in the centres held in the towns. The number of toddlers who came to the centres this year has increased by more than 600. Attendances by these youngsters are to be encouraged as examination of children of this age may reveal defects not apparent earlier and the occasion gives the parent an opportunity to discuss with the medical officer the child's progress and any problems he may have.

Voluntary helpers continued to give valuable assistance at the child welfare centres. During the year two meetings were held to which the voluntary helpers in the County were invited and where lectures were given describing recent trends in screening procedures and the survey which had taken place in Wolverton during the year. The latter is described elsewhere in the report. These meetings are of great value in that they give the voluntary helpers a feeling of belonging to the Department and also give to the officers of the Department an opportunity to thank them personally for the work they do for the County Health Committee.

The following tables give particulars of attendance at the child welfare centres operated during the year, corresponding figures for the previous year being shown in parentheses:—

| | <i>Permanent</i> | | <i>Mobile</i> | | <i>Voluntary</i> | | <i>Total</i> | |
|--|------------------|-----------|---------------|---------|------------------|---------|--------------|-----------|
| (1) Centres operating at end of year | 103 | (103) | 20* | (20) | 3 | (3) | 126 | (126) |
| (2) Times centres opened .. | 3,351 | (3,333) | 234 | (210) | 60 | (59) | 3,645 | (3,602) |
| (3) Attendances by Medical Officers | 2,335 | (2,254) | 233 | (209) | Nil | (Nil) | 2,568 | (2,463) |
| (4) Examinations by Medical Officer | 32,853 | (36,776) | 2,406 | (2,271) | Nil | (Nil) | 35,259 | (39,047) |
| (5) Number of children referred elsewhere by Medical Officer | 214 | (312) | 16 | (14) | Nil | (Nil) | 230 | (326) |
| (6) Children who attended during the year and who were born in:— | | | | | | | | |
| (a) 1966 | 7,755 | (7,668) | 314 | (308) | 77 | (95) | 8,146 | (8,071) |
| (b) 1965 | 7,844 | (7,840) | 353 | (335) | 69 | (88) | 8,266 | (8,263) |
| (c) 1961—1964 .. | 8,063 | (7,449) | 513 | (508) | 46 | (60) | 8,622 | (8,017) |
| (7) Total number of children who attended during the year | 23,662 | (22,957) | 1,180 | (1,151) | 192 | (243) | 25,034 | (24,351) |
| (8) Attendances during the year made by children born in:— | | | | | | | | |
| (a) 1966 | 48,957 | (50,939) | 1,242 | (1,073) | 469 | (444) | 50,668 | (52,456) |
| (b) 1965 | 52,454 | (56,178) | 1,624 | (1,512) | 370 | (474) | 54,448 | (58,164) |
| (c) 1961—1964 .. | 27,705 | (26,330) | 1,510 | (1,578) | 168 | (206) | 29,383 | (28,114) |
| (9) Total attendances during the year | 129,116 | (133,447) | 4,376 | (4,163) | 1,007 | (1,124) | 134,499 | (138,734) |

* Twenty half-day sessions each month covering 53 villages.

Distribution of Welfare Foods

At the end of December, 1966 welfare foods were being sold from 129 distribution centres of which 92 were held in conjunction with child welfare centres. These foods were also on sale from the mobile child welfare clinics which made monthly visits to 53 villages mainly in the north of the County.

The following table gives details of the sales made during 1966 and for comparison the corresponding figures for 1965 are shown in parentheses. The sales were undertaken with the co-operation of the Women's Royal Voluntary Service, the British Red Cross Society and the Women's Institutes.

The general pattern of the sales during the year was similar to that for 1965 in that there was an increase in the number of bottles of orange juice sold, a small increase in the sales of national dried milk—half cream—and decreases in the sales of other foods.

| | | | | | |
|--------------------------------|----|----|----|-----------------|-----------|
| National dried milk—full cream | .. | .. | .. | 36,366 tins | (42,859) |
| National dried milk—half cream | .. | .. | .. | 692 tins | (630) |
| Cod liver oil | .. | .. | .. | 9,136 bottles | (10,237) |
| Vitamin tablets | .. | .. | .. | 9,426 pkts. | (11,144) |
| Orange Juice | .. | .. | .. | 172,275 bottles | (170,834) |

My thanks are due to the many voluntary workers who have helped in the provision of this service since it was taken over by the County Council; there is no doubt whatever that without their assistance it would have been necessary to employ clerical help at more than the two centres at which paid workers are at present employed.

Ante-Natal and Post-Natal Care

The arrangements previously in operation for the provision of ante-natal and post-natal care continued during the year when the majority of confinements were booked to take place in hospital and in maternity units. All expectant mothers who are to be confined at home are advised to consult the general practitioner who arranges to be responsible for the obstetrical care. Close liaison exists between the doctors and the domiciliary midwives. Some mothers were examined in their own homes but it is more convenient, particularly in the towns, if the patients attend ante-natal sessions at clinic premises. Eighteen of these were operating at the end of the year. A total of 1,257 mothers attended ante-natally and the midwife was present when 173 of them received their post-natal examinations by the doctor.

The training of expectant mothers in mothercraft, relaxation and correct breathing technique in preparation for confinement was again undertaken by many domiciliary midwives and health visitors. A total of 1,444 classes were held during 1966 compared with the total of 1,450 during 1965.

Maternity Accommodation

By arrangement with the Hospital Management Committees applications for admission to hospital for confinement because of social or domestic reasons are, except in the North Bucks Area, submitted to me. Each application is investigated and appropriate recommendations made to the Management Committees; these recommendations are based on the health visitor's report after a home visit has been made. In this way every effort is made to ensure that the best use is made of all available maternity beds.

Maternity bookings in the North Bucks area are undertaken by the Matron of the Westbury Maternity Home, Newport Pagnell.

During the year health visitors carried out the following investigations in the Aylesbury, Wycombe and South Bucks health areas. Corresponding figures relating to 1965 are shown in parentheses:—

| | | | | | |
|------------------|----|----|----|-------|---------|
| Aylesbury Area | .. | .. | .. | 560 | (645) |
| Wycombe Area | .. | .. | .. | 1,125 | (1,235) |
| South Bucks Area | .. | .. | .. | 2,489 | (2,281) |

Premature Births

The following summary gives details of both premature live births and premature stillbirths occurring during 1966, the corresponding figures for the previous year being shown in parentheses:—

Premature Live Births

| | | |
|---|-----------|-------------|
| (a) In Hospital | 549 | (534) |
| (b) At Home or in Private Nursing Homes | 51 | (65) |
| | <hr/> 600 | <hr/> (599) |

Premature Still Births

| | | |
|---|----------|------------|
| (a) In Hospital | 71 | (63) |
| (b) At Home or in Private Nursing Homes | 5 | (2) |
| | <hr/> 76 | <hr/> (65) |

(Note): A premature birth is defined as one weighing $5\frac{1}{2}$ lbs. or less, irrespective of the period of gestation.)

The premature births in 1966 were 6.4% of the total births.

Where premature births occurred at home midwives were required to seek immediate advice and any necessary assistance from the County Supervisor of Midwives and special portable heated cots and an infant oxygen tent were available for use in nursing premature infants at home. When necessary arrangements were made to transfer premature babies to hospital.

Particular attention was paid by health visitors to the care of premature babies when the responsibility of the midwife ceased at the end of the lying-in period. They also continued to maintain close liaison with maternity departments of hospitals and with maternity homes in order to obtain early information of the discharge of children to their own homes and of any special care needed.

Health visitors co-operated during the year with the consultant paediatricians for mid-Bucks in a follow-up of premature babies weighing $4\frac{1}{2}$ lbs. and under. Health visitors visited the parents of these babies and submitted reports on the home conditions and on the infant's diet to the paediatrician prior to the infant's examination at the hospital at six months of age. A total of 73 infants born during 1966 required follow-up in this way.

Detailed information of survival related to birth weights for all premature live births including those occurring in hospitals is shown in the following table along with details of the weights of premature stillbirths.

| | WEIGHT AT BIRTH | | | | | TOTAL |
|--|-----------------------|---|---|--|--|-------|
| | 2lb. 3ozs. or less | Over 2lb. 3ozs. up to and including 3lb. 4ozs. | Over 3lb. 4ozs. up to and including 4lb. 6ozs. | Over 4lb. 6ozs. up to and including 4lb. 15ozs. | Over 4lb. 15ozs. up to and including 5lb. 8ozs. | |
| Premature live births | | | | | | |
| Born in Hospital— | | | | | | |
| Died within 24 hours of birth | 23 | 10 | 7 | 5 | 2 | 47 |
| Died aged 1-7 days | 6 | 11 | 1 | 2 | 2 | 22 |
| Died aged 7-28 days | 1 | 1 | — | 1 | 1 | 4 |
| Survived 28 days | — | 17 | 87 | 122 | 250 | 476 |
| TOTAL | 30 | 39 | 95 | 130 | 255 | 549 |
| Born at Home or in a Nursing Home and nursed entirely there: | | | | | | |
| Died within 24 hours of birth | — | — | — | — | — | — |
| Died aged 1-7 days | — | — | — | — | — | — |
| Died aged 7-28 days | — | — | — | — | — | — |
| Survived 28 days | — | — | 2 | 6 | 43 | 51 |
| TOTAL | — | — | 2 | 6 | 43 | 51 |
| Born at Home or in a Nursing Home and transferred to Hospital: | | | | | | |
| Died within 24 hours of birth | 1 | — | — | — | — | 1 |
| Died aged 1-7 days | — | — | — | — | — | — |
| Died aged 7-28 days | — | — | — | — | — | — |
| Survived 28 days | — | 3 | 5 | 2 | 2 | 12 |
| TOTAL | 1 | 3 | 5 | 2 | 2 | 13 |
| Premature stillbirths | | | | | | |
| Born in Hospital | 15 | 18 | 19 | 10 | 9 | 71 |
| Born at Home or in a Nursing Home | 1 | 1 | 1 | — | 2 | 5 |
| TOTAL | 16 | 19 | 20 | 10 | 11 | 76 |

Congenital Malformations

In accordance with Ministry of Health requirements all congenital malformations recognised at birth were recorded during the year on the birth notification cards and a central register of these defects has been maintained since 1st January, 1964.

A total of 144 of these defects were reported and recorded during the year affecting 103 infants, 30 of whom had two or more defects. In seventy cases these defects ranged from minor birth marks to gross malformations incompatible with life. Notification of congenital abnormalities diagnosed at birth were followed up within a month by a report from a medical officer giving the diagnosis of the system involved as required by the Registrar General.

The incidence of defects reported during 1966 including those of stillborn children was as follows, corresponding figures for 1965 being shown in parentheses:—

| | | | |
|-------------------------|----|-----|-------|
| Central Nervous System | .. | 47 | (46) |
| Eye, ear | .. | — | (1) |
| Alimentary system | .. | 26 | (44) |
| Heart and great vessels | .. | 3 | (4) |
| Respiratory system | .. | 1 | (1) |
| Uro-genital system | .. | 11 | (9) |
| Limbs | .. | 37 | (59) |
| Other skeletal | .. | 1 | (1) |
| Other systems | .. | 14 | (16) |
| Other malformations | .. | 4 | (6) |
| Total: | .. | 144 | (187) |

During the year the children born in 1964 who had a congenital abnormality diagnosed at birth were followed up at the age of 2 years. Eighty-five of the original 178 (including those stillborn) had died or moved away, 57 were considered to require no further special supervision and 36 continued to require treatment and/or supervision. Similarly, the children born in 1965 were assessed at one year of age and 48 of these were stillborn, had died or had moved away. Further special supervision of 39 children was considered to be unnecessary, while 54 children were found to require continued treatment and/or supervision.

Nurseries

(i) Day Nurseries

The County Council maintains one day nursery and this is at Manor Park, Slough. At the end of the year 27 children were on the nursery register.

The average daily attendance at this nursery, which provides 35 places, was 20, this being the same as the corresponding figure for 1965.

Arrangements continued during the year whereby financial responsibility may be accepted for the maintenance of children resident in this County and in the approved priority groups who attend day nurseries elsewhere. At 31st December, 1966 two children from Buckinghamshire were attending the Uxbridge Day Nursery.

(ii) Residential Nurseries and Children's Homes

The arrangements whereby Medical Officers of the Department undertake the medical supervision of nurseries and children's homes maintained by the Children's Committee, continued during 1966.

The following establishments were supervised:—

| Aylesbury Area | Capacity of Homes |
|--|-------------------|
| 23, Walton Road, Aylesbury | 10 |
| The Orchard, 25 Walton Road, Aylesbury | 16 |
| 1a, Churchill Avenue, Aylesbury | 9 |
| 65, Priory Crescent, Aylesbury | 8 |

| South Bucks Area | | | | | Capacity of Homes |
|--|----|----|----|----|-------------------|
| Crosfield House, Gerrards Cross | .. | .. | .. | .. | 18 |
| Manor Lodge, 2a, Mildenhall Road, Slough | .. | .. | .. | .. | 18 |
| Brookside Nursery, 103 Bath Road, Slough | .. | .. | .. | .. | 24 |
| Elmside Boys' Hostel, Slough | .. | .. | .. | .. | 10 |
| Stow Lodge, Oval Way, Gerrards Cross | .. | .. | .. | .. | 11 |
| Bilby House, 55 Langley Road, Slough | .. | .. | .. | .. | 8 |
| "Brondeg," 320 Stoke Poges Lane, Slough | .. | .. | .. | .. | 9 |
| Wycombe Area | | | | | |
| Bledlow Homes—South Wing and Aylesbury House | .. | .. | .. | .. | 31 |
| Jasmine House | .. | .. | .. | .. | 18 |
| The Mount, Little Kimble | .. | .. | .. | .. | 12 |
| 292 Mickelfield Road, High Wycombe | .. | .. | .. | .. | 9 |
| Northgate, 64 Station Road, Beaconsfield | .. | .. | .. | .. | 10 |
| North Bucks Area | | | | | |
| 5 Surrey Road, Bletchley | .. | .. | .. | .. | 10 |

As in past years, Medical Officers of the Department examined all children on admission to residential nurseries and children's homes and at intervals afterwards and carried out vaccination and immunisation where necessary. Officers of the Department also arranged for the medical examination of the staff of the nurseries and homes (including periodic X-ray examination) and furnished medical reports on children about to be boarded out or adopted. Whenever necessary advice was given on questions of hygiene, diet and feeding.

Care of Illegitimate Children

During 1966 there were 646 illegitimate births to Buckinghamshire residents; this total was seven less than the total for the previous year.

Of the unmarried mothers who were confined during the year a total of 147 were admitted to suitable mother and baby homes.

Arrangements in respect of 16 of the unmarried mothers were made by the Northampton Diocesan Catholic Child Protection and Welfare Society. The other 131 cases were admitted under arrangements made by the Oxford Diocesan Council for Moral Welfare, which Council undertakes this work for the County Council on an agency basis.

Financial assistance consisting of the ascertained cost of maintenance at selected mother and baby homes, less each girl's contribution from insurance and various other sources for a period of six weeks before and eight weeks after the confinement, was given in approved cases.

An annual grant is paid to the Oxford Diocesan Council in consideration of the casework undertaken by moral welfare workers employed by them. One health visitor with special training and experience in moral social welfare continued to share her duties in the North Bucks Health Area between health visiting and moral welfare case work.

Mrs. Vera Wood, the Organising Secretary of the Diocesan Council, has kindly provided the following statistics in respect of the work undertaken during 1966 by the moral welfare workers in this County:—

| | | | | | | | |
|-----------------------------|----|----|----|----|----|----|-----|
| New maternity cases | .. | .. | .. | .. | .. | .. | 474 |
| Age at time of confinement: | | | | | | | |
| 14 years | .. | .. | .. | .. | .. | .. | 3 |
| 15 years | .. | .. | .. | .. | .. | .. | 21 |
| 16 years | .. | .. | .. | .. | .. | .. | 43 |
| 17—20 years | .. | .. | .. | .. | .. | .. | 243 |
| 21—30 years | .. | .. | .. | .. | .. | .. | 130 |
| 31—40 years | .. | .. | .. | .. | .. | .. | 30 |
| Over 40 years | .. | .. | .. | .. | .. | .. | 3 |
| Age not recorded | .. | .. | .. | .. | .. | .. | 1 |

Close co-operation was maintained during the year between health visitors and moral welfare workers in order to ensure adequate supervision of illegitimate children following discharge from hospital.

Premises known as The Grange, High Wycombe, owned by the County Council were adapted and leased to the Oxford Diocesan Council for Moral Welfare for use as a mother and baby home. The premises were opened on 1st April, 1966 and by August the full complement of twelve occupants was complete; over 40 expectant mothers were admitted to The Grange during the period 1st April to 31st December, 1966.

Family Planning

During 1966 the Ministry of Health asked local health authorities to review the position with regard to family planning in their areas.

The County Health Committee does not itself provide family planning clinics but gives every encouragement to the family planning associations in the clinics organised by them in the County. The policy is to let clinic premises free of charge to the associations whenever possible. The Royal Bucks Hospital holds planning sessions to which cases are referred by general practitioners, health visitors and midwives.

Mothers' Clubs and other women's organisations have shown considerable interest in family planning and lectures have been provided for them. Health visitors, midwives and other members of the staff are aware of the dates and whereabouts of clinics in the county and advise mothers who may require contraceptive help. Extension of family planning facilities is encouraged whenever a need is found to arise.

Survey in Wolverton

In association with the Ministry of Health and St. Mary's Hospital, Paddington, a survey was undertaken in Wolverton to try to elucidate the prevalence of rickets and anaemia in young children living in a rural community. If rickets exists it is most likely to be revealed at the end of the winter and it was for this reason that the investigation took place during March.

The parents of all children, aged between one and two years who had lived all their lives in Wolverton, were invited to co-operate in the survey. Blood specimens were obtained from 157 (85%) of the children in this age group and taken to London for analysis at St. Mary's Hospital where haemoglobin and serum alkaline phosphate levels were estimated. Subsequently, the wrists of the six children with highest levels of serum alkaline phosphatase were X-rayed and found to be within normal limits showing that active rickets was not present in the community. In addition the mean haemoglobin level was found to be 12.1 gram/100 ml. blood which was a higher and therefore more satisfactory level than might have been expected from similar surveys undertaken elsewhere.

Infant Deaths

There were 10,395 births including 132 stillbirths to Buckinghamshire residents during 1966 as compared with a total of 10,581 births during 1965.

Comparative infant death rates over the past three years are set out in the following table:—

| YEAR | Rate per thousand live births | | | Rate per thousand live and stillbirths | | |
|------|-------------------------------|--|-----------------------|--|--|---|
| | Infant Deaths 0-12 months | Neo-natal deaths (under 4 weeks) | Deaths 1-12 months | Stillbirths | Peri-natal deaths, (stillbirths and deaths under 1 week) | Total stillbirths and Infant Deaths |
| 1964 | 16.7 | 13.2 | 3.5 | 15.9 | 27.0 | 32.4 |
| 1965 | 14.9 | 11.1 | 3.8 | 11.5 | 21.5 | 26.3 |
| 1966 | 16.0 | 12.3 | 3.7 | 12.9 | 23.0 | 28.7 |

The table which follows gives the causes of infant death during 1966, the corresponding figures for 1965 being shown in parentheses.

INFANT DEATHS 1966

| Cause of Death | Stillbirth | Deaths up to one week | Deaths 8-28 days | Deaths 1-12 months | Total Infant Deaths |
|----------------------------|------------------|--------------------------|---------------------|-----------------------|------------------------|
| Prematurity only | 3 (3) | 43 (35) | 1 (1) | 1 (—) | 45 (36) |
| Congenital malformation .. | 20 (25) | 24 (24) | 9 (7) | 13 (13) | 46 (44) |
| Anoxia and birth injury .. | 18 (16) | 21 (29) | 1 (—) | 1 (1) | 23 (30) |
| Rhesus Incompatibility .. | 5 (8) | 6 (5) | — (—) | — (—) | 6 (5) |
| Infections | — (—) | 1 (5) | 7 (1) | 19 (15) | 27 (21) |
| Accidents | 2 (—) | — (1) | 1 (1) | 1 (4) | 2 (6) |
| Misplacement of cord .. | 11 (12) | 1 (1) | — (—) | — (—) | 1 (1) |
| Placental insufficiency .. | 44 (27) | 1 (1) | — (—) | — (—) | 1 (1) |
| Other causes | 10 (19) | 6 (5) | 2 (1) | 3 (3) | 11 (9) |
| Causes not ascertained .. | 19 (12) | 2 (1) | — (—) | — (—) | 2 (1) |
| TOTAL .. | 132 (122) | 105 (107) | 21 (11) | 38 (36) | 164 (154) |

The two tables shown above reveal a slight increase in the loss of infant life last year. Low as these figures are, there is no need for complacency in the attitude adopted towards the care of expectant mothers and young infants.

The Maternity Liaison Committee of the Royal Bucks and High Wycombe Hospital Management Committees appointed a Peri-natal Mortality Sub-Committee with members from the three branches of the National Health Service. A recommendation of this Sub-Committee was that a confidential local enquiry should be made into every peri-natal death, and in this connection questionnaires were completed in respect of 40 cases where domiciliary midwives had been in attendance either during the ante-natal period or during labour. In four instances the mother had made no preparation for her confinement and therefore had received no ante-natal care. In one case a hospital bed had been booked, but delivery took place at home and 35 mothers were booked for home confinement. Finally, 21 were delivered at home, 11 transferred to hospital during pregnancy and eight during labour. The chief causes of death were malformation, anoxia, birth injury and placental insufficiency. There were none from rhesus incompatibility, infection or hypothermia. Unfortunately it has proved impossible to implement the proposal that a post-mortem examination should be undertaken in all cases of infant death.

Dental Treatment of Expectant and Nursing Mothers and Young Children

The provision of dental treatment for these priority classes was continued during the year.

There was an increase in the number of pre-school children treated in the County's clinics; 514 children completing courses of treatment, this being 36 more than in the previous year. The total number of attendances for treatment by pre-school children was 1,278, being 232 more than in the previous year and the number of fillings 1,263 was 260 more than in 1965. Most of the patients were referred from the Child Welfare Clinics. This increase was especially evident in the Bletchley area where the dental officer devoted considerable time to providing treatment for the mother and pre-school child. It is encouraging to be able to report this response to the facilities provided for the treatment of these priority classes.

With regard to the treatment of expectant and nursing mothers, the number of courses of treatment completed for them during the year was slightly higher than the figure for 1965; on the other hand there was a fall in the number of fillings undertaken for them but a rise in the number of dentures provided. Most of these mothers in the County are receiving dental treatment under the general dental services, and do not wish temporarily to transfer for treatment through the County's dental services. This is the reason for the relatively small demand for treatment from these patients.

Dental health education, in the form of talks to mothers on the care of their children's teeth, was continued, and some of the dental officers and the dental hygienist spoke to Mothers' Clubs and similar groups during the year.

It is evident that there is a greater appreciation of the importance of seeking treatment for the young child before gross dental caries necessitates the early loss of the deciduous teeth, and subsequent crowding and mal-position of the permanent teeth.

SECTIONS 23 AND 25.—MIDWIFERY AND HOME NURSING SERVICES

Staff

I am pleased to be able to report that there was an improvement in recruitment during the year and particularly during the second half of the year. Fifty new appointments were made against the resignation of 24 full-time and five part-time members of the staff.

It may be that some of the improvement in the recruitment position was due to the completion of new housing accommodation in Slough and Bletchley where the need for additional staff was greatest.

There was an improved response to advertisements inviting applications from state registered nurses without midwifery qualifications and, in the circumstances, the opportunity was taken to review the organisation of the work in populous districts. It was decided to increase the number of staff engaged on specialised duties so that wherever possible district nurses would undertake home nursing duties leaving domiciliary midwives to meet the midwifery demand in areas where the employment of a full-time midwife could be justified.

Two additional state enrolled nurses were recruited during 1966 bringing the total employed to three. There is certainly scope for state enrolled nurses in the field of home nursing, but it is disappointing to report that recruitment so far has been poor.

The appointment of one more male nurse during the year brought the total employed up to eight, three being based in Slough, two in High Wycombe, two in Aylesbury and one in Bletchley.

The actual staffing position at 31st December, 1966 was as follows:—

Full-Time Posts

| | | | | |
|--|----|----|----|----|
| Supervisor of Midwives and Home Nurses | .. | .. | .. | 1 |
| Deputy Supervisor of Midwives and Home Nurses | .. | .. | 1 | |
| Assistant Supervisors of Midwives and Home Nurses | .. | .. | 2 | |
| Superintendents | .. | .. | .. | 2 |
| Assistant Superintendent | .. | .. | .. | 1 |
| District Nurse/Midwife/Health Visitors | .. | .. | .. | 15 |
| Domiciliary Midwives | .. | .. | .. | 15 |
| District Nurse/Midwives | .. | .. | .. | 80 |
| District Nurses (female) (including two State Enrolled Nurses) | .. | .. | 35 | |
| District Nurse (male) | .. | .. | .. | 7 |

Part-time Posts

| | | | | | | | |
|-------------------------|----|----|----|----|----|----|----|
| Domiciliary Midwives | .. | .. | .. | .. | .. | .. | 3 |
| District Nurse/Midwives | .. | .. | .. | .. | .. | .. | 9 |
| District Nurses | .. | .. | .. | .. | .. | .. | 15 |

It is interesting to note that of the resignations of full-time nursing staff five were "retirements", one nurse having completed 33 years of very good service with the County and the others similar service for periods varying from four to eleven years; other reasons for resignation were—marriage (3), domestic reasons (3), appointment to posts with other local health authorities (6), health reasons (1), leaving the country (1), transfer to health visiting or school health duties (3) and transfer to health visiting training (2).

Four of the resignations submitted by part-time staff were for domestic reasons and the other because of ill-health.

Summary of Work undertaken by Administrative Nursing Staff

| | | | | | |
|--|----|----|----|----|-----|
| Routine visits to district nurse/midwives | .. | .. | .. | .. | 253 |
| Contact visits with district nurse/midwives and other social welfare workers | .. | .. | .. | .. | 175 |
| Committees and conferences | .. | .. | .. | .. | 98 |
| Talks and discussions | .. | .. | .. | .. | 97 |
| Group staff meetings | .. | .. | .. | .. | 52 |
| Visits to maternity units and hospitals | .. | .. | .. | .. | 8 |
| Nursing homes inspections | .. | .. | .. | .. | 11 |
| Nursing agency inspections | .. | .. | .. | .. | 2 |

| | |
|------------------------------------|-----|
| Independent midwives | 2 |
| Pupil midwives | 39 |
| Special visits to patients | 19 |
| Interviews | 54 |
| Nursing duties and visits | 985 |
| Cases of labour | 14 |

Committees and conferences attended included geriatric conferences, Hospital Management, Maternity Liaison, Perinatal Sub-Committee meetings. Educational activities include lectures to student nurses, pupil midwives, student district nurses, civil defence personnel, and other groups, and in-service training of home helps and social workers.

Statistics relating to the work of District Nurses and Midwives

| <i>Midwifery</i> | 1966 | | 1965 | |
|---|--------------|---------------|--------------|---------------|
| | <i>Cases</i> | <i>Visits</i> | <i>Cases</i> | <i>Visits</i> |
| Ante-natal | | 28,127 | | 30,300 |
| Deliveries | 2,597 | 43,043 | 2,686 | 47,053 |
| Hospital discharges | 2,732 | 24,893 | 2,573 | 24,502 |
| Post-natal | | 415 | | 472 |
| Supervisory | | 7,254 | | 7,258 |
| <i>General Nursing</i> | | | | |
| Total number of patients attended | 9,656 | 241,855 | 9,567 | 232,724 |
| Of the 9,656 patients attended the following figures relate to special age groups:— | | | | |
| 65 years of age and over | 5,399 | 151,505 | 5,248 | 140,358 |
| Under 5 years of age | 401 | 2,480 | 383 | 2,530 |
| Total number of visits to all patients, midwifery and general | | 345,587 | | 342,309 |

Midwifery

The number of mothers delivered in the County during the year whilst being less than the total for 1965 which is the highest ever recorded, was still in excess of the ten thousand mark. Of the actual total of 10,274, 7,762 confinements took place in hospital, 2,507 were delivered at home and the remaining five were delivered by private midwives.

The gradual fall over the last three years in the number of domiciliary confinements reflects the improvement in the number of hospital maternity beds available and their better use.

As will be seen from the table below the pattern of early discharges from hospital has remained practically unchanged over the last three years; the only difference being that fewer discharges take place now on the first day after confinement and more on the third and seventh days.

| <i>Day of Discharge</i> | <i>1st</i> | <i>2nd</i> | <i>3rd</i> | <i>4th</i> | <i>5th</i> | <i>6th</i> | <i>7th</i> | <i>8th</i> | <i>9th</i> | <i>10th</i> | <i>Total</i> |
|-------------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|-------------|--------------|
| 1964 | 221 | 669 | 378 | 141 | 139 | 178 | 202 | 230 | 139 | 83 | 2,380 |
| 1965 | 190 | 689 | 554 | 250 | 187 | 181 | 205 | 200 | 65 | 52 | 2,573 |
| 1966 | 130 | 665 | 669 | 245 | 183 | 172 | 329 | 237 | 59 | 43 | 2,732 |

Obstetric Emergency Service

There were 33 instances where this service was required for domiciliary confinements. Calls were made to Amersham General Hospital—6, Royal Buckinghamshire Hospital, Aylesbury—13, Canadian Red Cross Memorial Hospital, Taplow—12, Barratt Maternity Home, Northampton—2.

Emergencies making the calls necessary were:—

Reason

| | |
|---------------------------------|----|
| Abnormal presentation | 5 |
| Abnormal infant | 1 |
| Post-partum haemorrhage | 12 |
| Prolonged third stage | 1 |
| Ante-partum haemorrhage | 2 |
| Delayed third stage | 1 |
| Retained placenta | 9 |
| Retained membranes | 2 |

Resuscitation of the New Born

Using the Sparklet apparatus domiciliary midwives administered oxygen to resuscitate newly born infants on 69 occasions.

Analgesia

A complete change-over from the nitrous oxide to premixed nitrous oxide and oxygen was accomplished by November. Gas and air machines were withdrawn, all midwives were instructed individually by the Supervisor or her Assistants who supervised the issue of 118 Entonox premixed gas dispensers. From reports received it seems that in many cases babies were born in better condition than they might have been without the additional intake of oxygen by the mother during labour.

Comparative figures for the administration of analgesics between 1965 and 1966 are as follows:—

| | <i>Pethidine or Pethilorfan</i> | <i>Gas and Air or Gas and Oxygen</i> | <i>Trilene</i> |
|------|-------------------------------------|--|----------------|
| 1965 | 1,451 | 1,518 | 801 |
| 1966 | 1,294 | 1,427 | 699 |

Maternity Liaison Committees

Three meetings of these Committees were held during the year when the items discussed were:—

- (i) medical indications for hospital bookings and the criteria to be agreed upon by all engaged in the care of the expectant mother;
- (ii) perinatal mortality reports received from the perinatal mortality sub-committee;
- (iii) the report in the confidential enquiries into maternal deaths;
- (iv) preparations for the new General Practitioner Unit to be opened in Bletchley.

General Nursing

There was an increase of 89 over the 1965 figure in the number of patients nursed, 9,656 as against 9,567. A very definite increase of 9,131 in the number of visits is an indication of the better service provided where district nurses were engaged wholly on general nursing duties, and the number of new appointments made. Of the total number of patients, 5,399 were over the age of 65, and these patients received 151,505 of the total visits which numbered 241,855. In contrast to the figures given in recent years, the number of children visited under the age of five this year shows a slight increase, although the 2,480 visits to 401 children were down by 50 on the figure of 2,530 in 1965. The practice of discharging patients early following certain types of operation gathered momentum during 1966, and this trend accounts to some extent for the increase in the number of children under five to whom nursing visits were made.

Geriatric Care

Members of the supervising nursing staff and on occasion district nurses continued to attend the weekly geriatric conference held at Stoke Mandeville Hospital.

Incontinent Pads and Laundry Service

The provision of incontinent pads for use by the incontinent and handicapped being nursed in their own homes continued during the year and was appreciated particularly by those who have the extremely difficult problem of providing home care for the doubly incontinent.

No particular problems arose regarding disposal of the used pads; disposal by burning is recommended but where the existence of smokeless zones makes this impossible then collection in wet strength bags for removal is advised.

Facilities for the laundering of bed linen used by the incontinent were provided during the year by the St. John's (Stone), Amersham, High Wycombe and Renny Lodge (Newport Pagnell) Hospitals. These were appreciated by all concerned.

Consideration was given to the extension of the service but a limiting factor is the difficulty of arranging transport. Considerable help can be given in this connection by younger relatives or friends of the patients who have motor cars.

Marie Curie Day and Night Nursing Service

The demand for this night nursing service during the year was less than that in 1965 and 1964. A total of £1,689 12s. 9d. was spent in 1966 in providing the service in the County as compared with totals of £1,880 12s. 7d. and £3,034 19s. 11d. respectively during the two preceding years.

A grant of £600 was made by the County Council to the Foundation.

During the year six nurses resigned from the service; five appointments were made and at the 31st December 28 nurses were on the register.

Post Graduate Education

In order to comply with the Rules of the Central Midwives Board 20 midwives were sent on refresher courses to various centres, including those at Hull, Stoke-on-Trent, Southampton and Bristol.

Now that these refresher courses have been compulsory for the past twelve years it is thought that a change in the type of course should be considered. The Central Midwives Board has, therefore, approved some experimental refresher courses, one of which is being organised by the Oxford Regional Board to take place in Oxford this year. On two days during the course five hospital midwives will visit Buckinghamshire to hear about the local health authority services.

In addition to the compulsory courses a relaxation and parentcraft teaching course arranged by the Royal College of Midwives was attended by four other midwives.

Refresher courses for district nurses were attended by five members of the staff. Senior members of the staff attended various study days and courses which included the Supervisor of Midwives' Refresher Courses, a course for Public Health and Hospital Nursing Administrators and a study day on "Human Relations in the Community." A three-month course on "Community Health Administration" at the William Rathbone College, Liverpool, was attended by a recently appointed nursing superintendent.

Training

District Nursing. Seven State Registered Nurses who were also qualified midwives were seconded for the three-month course, and two without midwifery qualifications for the four-month course. Training Centres used were Leicester, Camden, East London, Oxford, Westminster, Kensington; at the end of the year, one nurse was still in training.

In December the Queen's Institute of District Nursing announced a change in its policy affecting the arrangements for training. This, together with the recruitment of married nurses who cannot, on account of domestic responsibilities, be sent for training elsewhere, make it necessary to look into the possibility of providing the facilities locally; courses for state registered nurses and state enrolled nurses are, therefore, being considered.

Pupil Midwives

Domiciliary experience was provided for 51 pupils during the year, two of whom failed to qualify. The pupils came from five training centres, namely, Amersham, High Wycombe, Colinswood, Upton and Churchill Maternity Units.

Student Nurses

Lectures, observation visits, and group discussions, were organised for student nurses from five nurse training schools in conjunction with the tutors. In all, 146 student nurses visited with district nurses and midwives, following lectures on the provision made by the local health authority for care of patients in the community. Lively discussion took place when the students afterwards met with the lecturers, to report to the group on their observations.

Notification of Intention to Practise by Midwives

In accordance with the requirements of the Midwives Act, 1951, and the Rules of the Central Midwives Board, notifications were received as follows:—

Institutional:

| | | | | | |
|---------------------------|----|----|----|----|-----|
| Employed in hospital | .. | .. | .. | .. | 139 |
| Employed in nursing homes | .. | .. | .. | .. | 10 |

Domiciliary:

| | | | | | |
|---|----|----|----|--|--|
| Employed by local supervising authority | .. | | | | 122 full-time 7 part-time |
| Engaged in private practice | .. | .. | .. | | 44 (of whom 12 were employed in Regional Hospital Board maternity units). |

SECTION 24.—HEALTH VISITING

Staff

There was an improvement in the staffing position during the year when ten full-time and eight part-time health visitors were appointed. In addition four area relief health visitors (one in each Health Area) were appointed and took up their duties of relieving staff during periods of annual or sick leave and deputising for the area superintendent when necessary.

We were sorry to lose the services of two area superintendent health visitors; Mrs. E. H. Simmonds left the North Bucks Health Area to take up her appointment as Superintendent Health Visitor for the London Borough of Brent; Mrs. I. E. Lyle left the Wycombe Health Area to take up her appointment as Superintendent Health Visitor for the Gloucestershire County Council. We wish them success in their new posts and welcome their successors Mrs. D. L. Marett and Mrs. J. A. Thompson.

Three students sponsored by the authority qualified as health visitors during the year and joined the staff; two took up duties as full-time health visitors and the other as a district nurse/midwife/health visitor on a 'general' district.

It was possible to sponsor ten students for health visitor training and they commenced that training in September.

On the debit side of the staffing problem I have to report the resignation during the year of seven full-time and three part-time health visitors. Of the seven full-time members leaving the staff three took up appointments with other local health authorities, one left for a nursing post in the United States of America, two took up teachers training and the other accepted a midwifery appointment in the Hospital Nursing Service. The three part-time members leaving the staff resigned for domestic reasons.

Although limitation of staff continued to influence the service given by health visitors to the community, some improvement was achieved with the help of health assistants and clerical staff.

The staffing position at the end of the year was as follows:—

| | | | | | | | |
|---|----|----|----|----|----|----|----|
| Superintendent Health Visitor | .. | .. | .. | .. | .. | .. | 1 |
| Deputy Superintendent Health Visitor | .. | .. | .. | .. | .. | .. | 1 |
| Area Superintendent Health Visitors | .. | .. | .. | .. | .. | .. | 3 |
| Area Relief Health Visitors | .. | .. | .. | .. | .. | .. | 3 |
| Full-time Health Visitors | .. | .. | .. | .. | .. | .. | 52 |
| Part-time Health Visitors (equivalent to 6.35 full-time) | .. | .. | .. | .. | .. | .. | 14 |
| Moral Welfare Worker/Health Visitor | .. | .. | .. | .. | .. | .. | 1 |
| District Nurse/Health Visitors (equivalent to 5.33 full-time) | .. | .. | .. | .. | .. | .. | 16 |
| Full-time Tuberculosis Health Visitor | .. | .. | .. | .. | .. | .. | 1 |
| Full-time School Health Assistants | .. | .. | .. | .. | .. | .. | 2 |
| Part-time School Health Assistants | .. | .. | .. | .. | .. | .. | 30 |
| Student Health Visitors in training | .. | .. | .. | .. | .. | .. | 10 |

Of the 16 District Nurse/Health Visitors, 15 hold their Health Visitors Certificate.
All Health Visitors undertake School Nurse's duties in the School Health Service.

Statistics

The following table gives some indication of the work carried out by the health visitors, corresponding figures for 1965 being shown in parentheses:—

CASES VISITED FOR FIRST TIME DURING 1966

| | | | | | | | | |
|---|----|----|----|----|----|----|--------|----------|
| <i>Expectant Mothers</i> | .. | .. | .. | .. | .. | .. | 4,689 | (4,241) |
| <i>Children under Five Years</i> | | | | | | | | |
| Children born in 1966 | .. | .. | .. | .. | .. | .. | 11,244 | (10,748) |
| Children born in 1965 | .. | .. | .. | .. | .. | .. | 8,187 | (7,062) |
| Children born in 1961-64 | .. | .. | .. | .. | .. | .. | 17,053 | (13,896) |
| <i>Care of the Aged</i> | | | | | | | | |
| Persons aged 65 or over | .. | .. | .. | .. | .. | .. | 2,038 | (1,656) |
| No. of these visited at special request of general practitioner or hospital | .. | .. | .. | .. | .. | .. | 796 | (607) |

| | | | | | | | |
|---|----|----|----|----|----|--------|----------|
| <i>Mental Health</i> | | | | | | | |
| Mentally disordered persons | .. | .. | .. | .. | .. | 144 | (147) |
| No. of these visited at special request of general practitioner or hospital | .. | .. | .. | .. | .. | 76 | (52) |
| <i>Hospital After Care</i> | | | | | | | |
| Persons discharged from hospital (other than Mental Hospital) | .. | .. | .. | .. | .. | 196 | (179) |
| No. of these visited at special request of general practitioner or hospital | .. | .. | .. | .. | .. | 145 | (104) |
| <i>Infectious Diseases</i> | | | | | | | |
| No. of tuberculous households visited | .. | .. | .. | .. | .. | 431 | (380) |
| No. of households visited on account of other infectious diseases | .. | .. | .. | .. | .. | 27 | (16) |
| <i>Immigrants</i> | | | | | | | |
| No. of cases visited | .. | .. | .. | .. | .. | 282 | (—) |
| TOTAL VISITS | | | | | | | |
| Children under 5 years of age | .. | .. | .. | .. | .. | 95,394 | (77,024) |
| All other visits | .. | .. | .. | .. | .. | 25,822 | (20,972) |
| Ineffectual visits | .. | .. | .. | .. | .. | 17,270 | (13,793) |

Apart from home visiting which should still be considered of primary importance, the health visitors have many other duties to undertake which are given below in table form:—

Other Work

| | | | | | | | |
|--|----|----|----|----|----|-------|---------|
| <i>Ante-natal Mothercraft and Relaxation Classes</i> | | | | | | | |
| Number attended for first time: | | | | | | | |
| Institutional booked | .. | .. | .. | .. | .. | 1,069 | (961) |
| Domiciliary booked | .. | .. | .. | .. | .. | 414 | (450) |
| <i>School Health Service</i> | | | | | | | |
| No. of sessions | .. | .. | .. | .. | .. | 924 | (874) |
| No. of cases visited | .. | .. | .. | .. | .. | 3,149 | (2,306) |
| <i>Detection of Deafness</i> | | | | | | | |
| No. of screening tests | .. | .. | .. | .. | .. | 480 | (642) |
| No. of audiometry tests | .. | .. | .. | .. | .. | 628 | (950) |
| <i>Phenylketonuria</i> No. of tests | .. | .. | .. | .. | .. | 9,477 | (9,061) |
| <i>Hospital Liaison</i> | | | | | | | |
| Maternity | .. | .. | .. | .. | .. | 227 | (270) |
| Paediatric | .. | .. | .. | .. | .. | 77 | (76) |
| Geriatric | .. | .. | .. | .. | .. | 54 | (46) |
| Other | .. | .. | .. | .. | .. | 273 | (55) |
| <i>Surveys</i> No. completed | .. | .. | .. | .. | .. | 40 | (212) |
| <i>G.P. Liaison</i> | | | | | | | |
| No. of consultations at surgery | .. | .. | .. | .. | .. | 2,150 | (1,903) |
| Other sessional work | .. | .. | .. | .. | .. | 158 | (139) |

Fixtures

| | | | | | | | |
|-----------------------|----|----|----|----|----|-------|---------|
| Child Welfare Centres | .. | .. | .. | .. | .. | 4,444 | (4,308) |
| Mothers' Clubs | .. | .. | .. | .. | .. | 355 | (342) |
| Group Teaching | .. | .. | .. | .. | .. | 1,705 | (1,497) |
| Chest Clinic | .. | .. | .. | .. | .. | 99 | (482) |

Whilst routine phenistix tests for phenylketonuria were continued, health visitors in the Chesham and Bletchley areas co-operated with the Medical Research Council in using a different type of test. Health visitors also co-operated in surveys relating to latent rickets, rubella in pregnancy, and alcoholism.

Lectures, visits of observation and discussion groups were arranged for student nurses at the Royal Bucks and Associated Hospitals, Amersham General Hospital, Upton Hospital, Slough, the Canadian Red Cross Memorial Hospital, Taplow, and Princess Mary's Royal Hospital, Halton.

There are now six trained field-work instructors on the staff and student health visitors were accepted for practical training from the Chiswick Polytechnic, Royal College of Nursing, London University Institute of Education and the Battersea College of Technology.

Miss M. Gundry successfully completed her health visitor tutor training at the Royal College of Nursing in July.

Liaison

Liaison of health visitors with hospital staff and general practitioners has continued to develop. This is a two-way process and has the advantage of improving the service to the patient.

Liaison and co-operation with general practitioners

Twenty-five health visitors work in the general practitioner/health visitor liaison scheme. In two general practitioners practices in Aylesbury a health visitor holds weekly welfare sessions. In another practice, the health visitor attends a session for mothers and babies held by the general practitioner. In New Bradwell the child welfare centre takes place in a general practitioner's surgery. In Haddenham the health visitor has accompanied the general practitioner on selected home visits.

Chest

Regular liaison visits are paid to chest clinics at Aylesbury, Bletchley, Buckingham, Wolverton and High Wycombe.

The one remaining tuberculosis health visitor in Slough also visits the Canadian Red Cross Hospital weekly with the chest physician and the medical social worker.

Diabetes

A health visitor visits the consultant physician weekly at the Royal Bucks Hospital out-patient clinic and visits his ward at Stoke Mandeville Hospital as needed.

Geriatrics

Weekly conferences were held at the Geriatric Unit, Stoke Mandeville Hospital, between the consultant physician in geriatrics and other members of the hospital team, together with a representative of the health visiting staff.

The liaison visits to hospitals are undertaken by rota and information concerning particular patients is passed to the appropriate health visitor.

Other contacts are made as occasion warrants, mainly with hospital medical social workers.

Maternal and child welfare

Ante-natal classes

There is no single pattern—in one maternity home the health visitor conducts the classes, whilst in at least two other areas hospital midwives take part in the classes held by County Council staff on County Council premises.

Maternity units

Regular visits are paid by health visitors to maternity units concerning mothers and babies about to be discharged.

Paediatrics

Regular visits are paid to children's wards in the Stoke Mandeville, Amersham, Wexham and Old Windsor hospitals to exchange information and to follow-up with any relevant action.

Health Assistants

Much of the health visitors' time is saved by the use of health assistants who work with them. Two full-time and 30 part-time health assistants were employed at the end of the year. The table below gives a summary of the sessions undertaken by them; the corresponding figures for 1965 being shown in parentheses:—

| | | | | | | | |
|---|----|----|----|----|----|-------|---------|
| School Health Service | | | | | | | |
| School medical inspections | .. | .. | .. | .. | .. | 1,611 | (1,427) |
| Health surveys | .. | .. | .. | .. | .. | 717 | (777) |
| Preparation for medical inspection and vision testing | .. | .. | .. | .. | .. | 766 | (662) |
| Opthalmic clinics | .. | .. | .. | .. | .. | 62 | (46) |
| Audiometry sessions | .. | .. | .. | .. | .. | 198 | (28) |
| Vaccination and Immunisation | | | | | | | |
| Diphtheria | .. | .. | .. | .. | .. | 117 | (36) |
| Poliomyelitis | .. | .. | .. | .. | .. | 183 | (118) |
| B.C.G. | .. | .. | .. | .. | .. | 122 | (97) |
| Tetanus | .. | .. | .. | .. | .. | 1 | (2) |
| Child welfare centres | .. | .. | .. | .. | .. | 1,063 | (932) |
| Chest clinics | .. | .. | .. | .. | .. | 70 | (39) |
| Clerical | .. | .. | .. | .. | .. | 1,099 | (762) |
| Home visiting sessions | .. | .. | .. | .. | .. | 79 | (10) |
| Cervical cytology survey | .. | .. | .. | .. | .. | 28 | (—) |

One health assistant helped in the cervical cytology survey being undertaken in Aylesbury Borough and Rural District.

The service of these ancillary workers is continually under review and with careful in-service preparation their usefulness increases.

SECTION 26.—VACCINATION AND IMMUNISATION

Vaccination against Smallpox

My reports for 1964 and 1965 made reference to improvements in the numbers accepting vaccination. This has been more than maintained and primary vaccinations showed an increase of 20% over the 1965 figure, whilst re-vaccinations more than doubled.

There is no doubt that the outbreak of variola minor which occurred in certain Midlands and Welsh counties during the summer led to an increase in acceptance rates, both from parents seeking to give protection to their children and from those who required certificates of vaccination to meet temporary restrictions imposed by overseas countries they hoped to visit.

Finally, mention should be made of a publicity campaign initiated by the Ministry of Health with the co-operation of local authorities. It may be significant that notifications received during the last quarter of 1966, when the maximum effect of this campaign was expected to be felt, showed an increase of slightly over 13% as compared with the corresponding period of 1965.

Details of records received are given in the following table, the corresponding figures for 1965 being shown in parentheses:—

| | 6 weeks - 3 months | 3-6 months | 6-9 months | 9-12 months | 1 year | 2-4 years | 5-15 years | Total |
|-------------------|-----------------------|---------------|---------------|----------------|------------------|----------------|---------------|------------------|
| Number Vaccinated | 81 (123) | 178 (208) | 189 (224) | 160 (230) | 4,675 (4,262) | 1,717 (940) | 402 (178) | 7,402 (6,165) |
| Re-vaccinated | — (—) | — (—) | — (—) | — (—) | 3 (1) | 93 (93) | 618 (243) | 714 (337) |

Vaccination against Poliomyelitis

The arrangements for vaccination against poliomyelitis continued on the lines indicated in past reports, but with a significant change in the schedule, which permitted oral vaccine to be administered simultaneously with combined antigens. The trend towards increased use of oral vaccine continued and, by the end of the year the demand for Salk vaccine had virtually ceased. Whilst the total numbers of persons given primary courses was almost unchanged from 1965, the number of re-inforcing doses recorded showed an increase of 27%.

The following table gives details of work undertaken during the year:—

| | | | | | Numbers Vaccinated | | |
|--|----|----|--|-----|--|--|--------------|
| | | | | | <i>Course of two injections with Salk vaccine or three injections of quadruple</i> | <i>Complete courses of three doses of Oral vaccine</i> | <i>Total</i> |
| Children born in 1966 | .. | .. | | 107 | 1,709 | 1,816 | |
| Children born in 1965 | .. | .. | | 531 | 5,528 | 6,059 | |
| Children born in 1964 | .. | .. | | 61 | 579 | 640 | |
| Children born in 1963 | .. | .. | | 5 | 250 | 255 | |
| Children born in years 1959—62 | | | | 4 | 670 | 674 | |
| Others under 16 years of age | .. | | | 14 | 298 | 312 | |
| Number of children in all age groups given a third reinforcing dose with Salk vaccine or quadruple vaccine | | | | | | | 530 |
| Number of children given a reinforcing dose of oral vaccine | | | | | | | 6,473 |

Immunisation against Diphtheria

The arrangements whereby nursing staff undertook these immunisations on the recommendation, and under the supervision, of the medical officer were continued, and proved satisfactory in operation.

Information relating to immunisation against diphtheria carried out during 1966 is given in the following table, the corresponding figures for 1965 being shown in parentheses. Here too, in comparing the two years results, allowance must be made for the revised schedule which enabled protection to be given five months earlier than previously.

| <i>Children born in years</i> | <i>Completed Primary Course</i> | | <i>Reinforcing Doses</i> | |
|-----------------------------------|-------------------------------------|---------|------------------------------|---------|
| 1966 (1965) | 2,479 | (1,811) | 43 | (—) |
| 1965 (1964) | 5,385 | (5,448) | 1,366 | (1,208) |
| 1964 (1963) | 970 | (1,082) | 2,014 | (1,527) |
| 1963 (1962) | 237 | (292) | 348 | (284) |
| 1959-1962 (1958-1961) | 580 | (512) | 7,255 | (6,528) |
| Others under 16 years of age | 141 | (59) | 1,091 | (1,105) |

Immunisation against Whooping Cough

In all 9,227 children were immunised against whooping cough during 1966. Triple antigen was used in 8,690 cases and quadruple in the remainder.

Immunisation against Tetanus

A total of 10,504 children were immunised against tetanus during the year under review, as compared with 10,034 in 1965. In addition to the children who received quadruple and triple antigen 549 were given combined diphtheria/tetanus immunisations, whilst a further 728 were protected against tetanus only.

SECTION 27.—AMBULANCE SERVICE

During 1966 a total of 208,210 cases were transported by the ambulance vehicles; this was 15,096 higher than the corresponding total for the previous year. It may be of interest to note that this is the largest annual increase recorded since 1954.

There are several reasons for this large annual increase; in the first place and, as mentioned elsewhere in this report, the population of Buckinghamshire, as estimated by the Registrar General at mid-1966, was 9,030 higher than the estimated population at mid-1965. In other words, the ambulance service was required to meet the needs of the County plus an additional population almost identical with that of the Winslow Rural District. Secondly, the development of the mental health service has made additional calls on the ambulance service and, thirdly, the continued expansion of the occupational therapy service provided for the handicapped, called for regular ambulance vehicle journeys to get the more seriously handicapped to the centres.

The total ambulance vehicle mileage for the year was 1,714,602 this being an increase over the previous year of 45,565 miles. On the other hand, the average miles travelled per patient fell from 8.6 in 1965 to 8.2 in 1966. This suggests once again that efficient use continued to be made of the radio controlled vehicles and that the operational staff gave proper thought to the planning and co-ordination of routine journeys so as to reduce vehicle mileage.

Ambulance vehicle mileage was also served in the following way:—

Rail Travel

A total of 803 patients, 22 more than in 1965, were transported by rail during the year when the facilities provided for both stretcher and sitting cases on most main line rail services were used. In this way approximately 141,156 ambulance vehicle miles were saved.

Air Travel

Fifteen patients were moved by air because ordinary ambulance transport was considered undesirable. These special journeys resulted in an approximate saving of 11,182 ambulance vehicle miles.

Staff

There was an improvement in the general recruitment position towards the end of the year when it was possible to be more selective in making appointments. There were, however, 26 vacancies at the 31st December out of an overall establishment of 184.

Of the 158 staff in post, 149 were qualified in first aid and the other 9 were undergoing training at the end of the year.

In all 116 drivers were eligible for the annual safe driving competition organised by the Royal Society for the Prevention of Accidents; of these 96 drivers gained awards for a year of accident free driving.

Vehicles

The vehicle strength was increased by 2 during the year, the total of 67 comprising 36 ambulances, 27 dual purpose vehicles and 4 coaches.

The approximate average annual mileage for each vehicle was 25,591 miles.

Private Bookings

Under the provisions of the National Health Service (Amendment) Act, 1957, private bookings were accepted, at the agreed charge, for vehicles to be available at four sporting events, for six vehicles to be used by film companies and for vehicles to convey 3 patients between hospitals, two patients from home addresses to hospitals, two patients from Stoke Mandeville Hospital to scenes of accidents, and two patients from a convalescent home to Bletchley Police Station.

Voluntary Aid Societies

Members of the St. John Ambulance Brigade and the British Red Cross Society again gave valuable assistance throughout the year and, in addition to duties at Ambulance Stations, they also assisted as escorts for patients travelling by rail. Their services were very much appreciated by all concerned.

Civil Defence

Eight Civil Defence training courses were held during the year in various parts of the County at which 81 volunteers of the Ambulance and First Aid Section attended.

During the year 16 Civil Defence First Aid courses were held for volunteers of all sections of the Civil Defence Corps. Instructors were provided from the Ambulance and First Aid Section.

Two instructors attended the Home Office Civil Defence School at Falfield for the purpose of re-qualifying; both were successful in obtaining certificates.

As a result of non-attendance at training classes, the names of 23 volunteers have been removed from the nominal roll, the latest figures amount to 156 for all classes

Fifty-four volunteers have successfully passed the Standard Training Test and 22 passed the Advanced Training Test.

Statistics

Statistics relating to the work of the Ambulance service for the year under review are shown in Table (j) of Section H and details of patients carried and mileage travelled for the past ten years are as follows:—

| <i>Year</i> | <i>Total Patients</i> | <i>Patients by rail</i> | <i>Vehicle Mileage</i> | <i>Rail Mileage</i> | <i>Total Mileage</i> |
|-------------|-----------------------|-------------------------|------------------------|---------------------|----------------------|
| 1957 | 158,336 | 634 | 1,335,503 | 74,506 | 1,410,009 |
| 1958 | 159,957 | 688 | 1,407,469 | 73,824 | 1,481,293 |
| 1959 | 170,520 | 825 | 1,491,811 | 85,817 | 1,577,628 |
| 1960 | 177,253 | 806 | 1,535,853 | 81,715 | 1,617,568 |
| 1961 | 184,082 | 759 | 1,587,843 | 75,024 | 1,662,867 |
| 1962 | 189,042 | 769 | 1,614,061 | 74,729 | 1,688,790 |
| 1963 | 184,922 | 797 | 1,618,350 | 78,019 | 1,696,369 |
| 1964 | 192,310 | 763 | 1,715,622 | 70,540 | 1,786,162 |
| 1965 | 193,114 | 781 | 1,669,037 | 68,430 | 1,737,467 |
| 1966 | 208,210 | 803 | 1,714,602 | 70,578 | 1,785,180 |

SECTION 28.—PREVENTION OF ILLNESS—CARE AND AFTER-CARE

Report of the County Chest Consultant.

Dr. Stephen Hall, the County Chest Consultant, kindly let me have the following report on the year's work:—

Population and Medical Staff

In 1966 the population of the county was estimated to be 542,020 of which 368,330 lived in the area served by the Oxford Regional Hospital Board and 173,690 in that served by the North-West Metropolitan Regional Hospital Board. The medical staff of the former comprised three consultants and one registrar while that of the latter comprised two consultants and one registrar. Dr. F. S. Hawkins retired in the summer of 1965 and from then for a year we were without a regular chest physician in the Wycombe and Amersham area. In the summer of 1966 Dr. Angus Robson, M.D., M.R.C.P., was appointed and the terms of his job reflected the change in the prevalence of tuberculosis and of our attitudes to it. He is responsible for tuberculosis and diseases of the chest in his area, but also he has charge of general medical beds and takes his turn in the emergency rota for general medical cases. We welcome both Dr. Robson and the terms of his appointment.

Clinics

The chest clinics are sited at Slough (Upton Hospital), Amersham (General Hospital), Aylesbury (Tindal Hospital), High Wycombe (War Memorial Hospital), Buckingham (Cottage Hospital), Bletchley (Out-Patient clinic) and Wolverton (Out-patient clinic). All these clinics are well equipped and as can be seen are closely associated with the hospital in-patient and out-patient services.

Tuberculosis Register

The number of patients on the register for 1966 was 1,374 compared with 1,596 in 1965 and 2,530 in 1955 and of these only 40 had tubercle bacilli in the sputum compared with 58 in 1965 and 85 in 1964. New cases of tuberculosis numbered 125 (123 in 1965). With these small numbers odd proportions obtrude themselves. In 1965 it was the high proportion (30%) of non-respiratory cases; in 1966 there were 12 children with respiratory disease but in 1965 there were none.

The attack on tuberculosis, or rather the siege, follows the plans laid down in past years; intensive X-ray coverage, skin testing and vaccination with B.C.G. of school children and contacts, and isolation and treatment of infectious cases. We have no reason to suppose these measures will not be successful though because of the slow development of tuberculosis the final eradication will take time. Immigrants are now less trouble than they were a year or two ago though they present diagnostic problems. Pakistanis particularly, take tuberculosis differently from Europeans and are apt to suffer from disease of the glands in the chest.

Perhaps I may be allowed a word or two of more personal comment. In the late 'forties tuberculosis was regarded as the top health problem and soon after the end of the war Dr. Townsend outlined a plan for the reorganisation of the services in Buckinghamshire to deal with it. This plan entailed considerable expansion and for this it was necessary to carry the Council with him, but also it envisaged close co-operation with the voluntary hospitals as they then were, and this at that time presented special difficulties. However this scheme was launched and the new appointments made in the Autumn of 1946. Since then there have been changes of greater or lesser degree, but in essence the plan has prevailed. Within a few years tuberculosis was pulled down from its position as the top health problem, and during the present decade has been reduced to a quite manageable hazard. Moreover, the organisation that Dr. Townsend introduced has been able to absorb other chest problems as tuberculosis receded. Now that Dr. Townsend is leaving I should like to record my great admiration for his work and the pleasure it has been to me to be associated with him and his department.

TUBERCULOSIS

Notification and Mortality

Notifications of and deaths from tuberculosis during the twelve year period 1955-66, together with death rates per hundred thousand of the population are given below:—

| Year | Primary Notifications | | Mortality | | | |
|------|-----------------------|-----------------------------------|------------------|------|-----------------------------------|------|
| | Respiratory only | All forms (including respiratory) | Respiratory only | | All forms (including respiratory) | |
| | | | Number | Rate | Number | Rate |
| 1955 | 234 | 277 | 18 | 4.4 | 23 | 5.6 |
| 1956 | 236 | 281 | 31 | 7.4 | 33 | 7.9 |
| 1957 | 172 | 208 | 21 | 4.9 | 24 | 5.6 |
| 1958 | 173 | 211 | 30 | 6.8 | 35 | 7.9 |
| 1959 | 161 | 187 | 27 | 5.9 | 33 | 7.2 |
| 1960 | 155 | 195 | 21 | 4.5 | 24 | 5.1 |
| 1961 | 144 | 172 | 16 | 3.3 | 17 | 3.5 |
| 1962 | 122 | 160 | 21 | 4.2 | 23 | 4.6 |
| 1963 | 148 | 173 | 16 | 3.1 | 19 | 3.7 |
| 1964 | 124 | 161 | 20 | 3.8 | 24 | 4.5 |
| 1965 | 103 | 146 | 14 | 2.6 | 18 | 3.4 |
| 1966 | 106 | 131 | 14 | 2.6 | 17 | 3.1 |

The following are the particulars of notifications received during 1966, by sex and age groups:—

| Age groups | Respiratory | | Non-respiratory | | Total |
|-------------|-------------|---------|-----------------|---------|-------|
| | Males | Females | Males | Females | |
| 0— | 2 | — | — | — | 2 |
| 1— | — | — | — | — | — |
| 2—4 | — | 1 | 1 | — | 2 |
| 5—9 | 5 | 2 | — | 1 | 8 |
| 10—14 | 2 | — | — | 1 | 3 |
| 15—19 | 2 | 1 | — | — | 3 |
| 20—24 | 6 | 2 | 1 | 1 | 10 |
| 25—34 | 10 | 14 | 1 | 3 | 28 |
| 35—44 | 12 | 6 | 2 | 5 | 25 |
| 45—54 | 10 | 2 | 2 | 3 | 17 |
| 55—64 | 13 | 2 | — | 2 | 17 |
| 65—74 | 8 | 1 | — | 1 | 10 |
| 75+ | — | 5 | — | — | 5 |
| Age unknown | — | — | 1 | — | 1 |
| Totals | 70 | 36 | 8 | 17 | 131 |

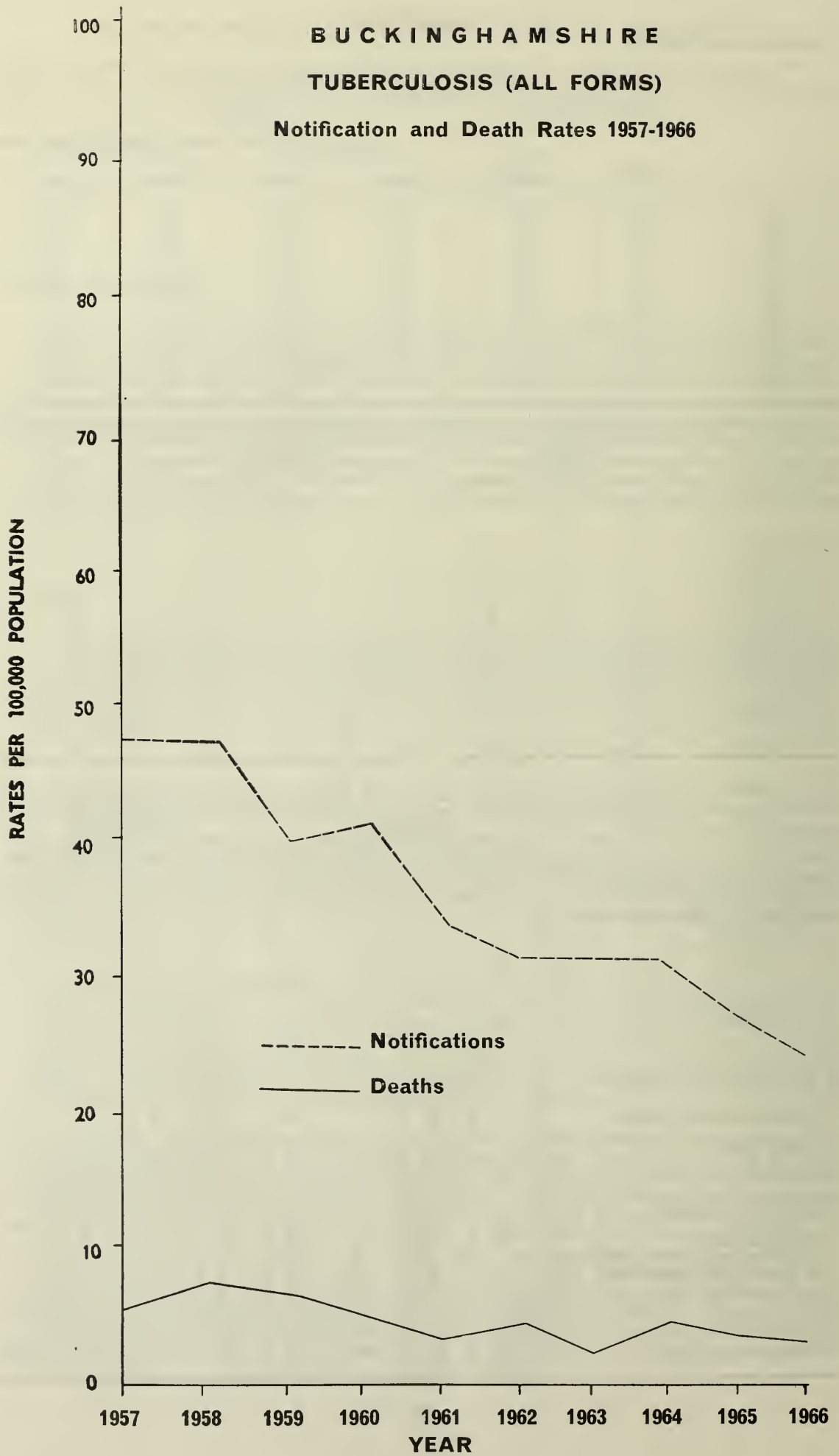
RETURN RELATING TO WORK OF THE CHEST CLINICS DURING THE YEAR 1966

| | Respiratory | | | | Non-Respiratory | | | |
|---------------------------------------|-------------|-------|----------|-------|-----------------|-------|----------|-------|
| | Men | Women | Children | Total | Men | Women | Children | Total |
| 1. Register at beginning of year .. | 762 | 536 | 98 | 1,396 | 76 | 105 | 19 | 200 |
| 2. Additions to register during year— | | | | | | | | |
| New patients. | | | | | | | | |
| Class A (Minus) | — | — | — | — | 9 | 14 | 4 | 27 |
| Group 1 | 21 | 13 | 12 | 46 | — | — | — | — |
| " 2 | 7 | 3 | — | 10 | — | — | — | — |
| " 3 | 2 | — | — | 2 | — | — | — | — |
| Class B (Plus) | | | | | | | | |
| Group 1 | 15 | 4 | — | 19 | — | — | — | — |
| " 2 | 7 | 9 | — | 16 | — | — | — | — |
| " 3 | 3 | 2 | — | 5 | — | — | — | — |
| 3. Transfers from child column | — | 3 | — | 3 | — | — | — | — |
| 4. Transfers from other registers | 29 | 20 | 1 | 50 | 4 | 2 | — | 6 |
| 5. Others added | — | — | — | — | — | — | — | — |
| 6. Total of 1—5 | 846 | 590 | 111 | 1,547 | 89 | 121 | 23 | 233 |
| 7. Removed from register | | | | | | | | |
| Recovered | 122 | 91 | 19 | 232 | 15 | 15 | 4 | 34 |
| Died (all causes) | 27 | 8 | — | 35 | 1 | 1 | — | 2 |
| Children transferred to adult column | — | — | 3 | 3 | — | — | — | — |
| Transferred to other registers | 37 | 32 | 1 | 70 | 3 | 4 | 2 | 9 |
| Other reasons | 9 | 6 | — | 15 | 4 | 2 | — | 6 |
| 8. Total removed | 195 | 137 | 23 | 355 | 23 | 22 | 6 | 51 |
| 9. Register at end of year | 651 | 453 | 88 | 1,192 | 66 | 99 | 17 | 182 |

B U C K I N G H A M S H I R E

T U B E R C U L O S I S (A L L F O R M S)

Notification and Death Rates 1957-1966



HEALTH EDUCATION

Health Education has no precise boundaries and enters into the work of all members of the Health team, and although information concerning education carried out with organised groups gives some estimation of what is being done, it does not take into account the vast amount of individual education carried on day by day by the field workers such as health visitors, midwives and district nurses.

It is encouraging to those actively engaged in a sphere essentially long term in showing results, that more and more interest is being awakened to the need for increased education in both personal and public health. The Health Education officers participated in many in-service training courses held within the Department, and in training courses held by outside bodies such as Colleges of Further Education, Hospitals, the Royal Air Force and the Nursery Nurses Education Board. The Department is regularly visited by students from varying backgrounds, and many of them ask to spend some portion of their time with the Health Education Section.

The amount of group teaching undertaken during the year, details of which are given in the following table, has been maintained and in some aspects extended. One theme for talks and discussions worthy of mention was undertaken in South Bucks on the understanding of special needs of families with a mentally subnormal child. The film entitled "Another Kind of School" was used and was shown on fifteen occasions to mothers' clubs and other young women's groups.

Group Teaching

The following table indicates the group teaching carried out in the County during 1966, with the equivalent figures for 1965 given in parentheses:—

| <i>Talks given by:—</i> | | | | <i>Talks given to:—</i> | | | |
|---------------------------------|--------------|----------------|--|---------------------------|--------------|----------------|--|
| Health Education Staff .. | 633 | (406) | | Ante-natal groups | 1,444 | (1,450) | |
| Medical Officers | 192 | (179) | | Ante-natal group sessions | | | |
| Administrative Health Visiting | | | | attended by husbands .. | 42 | | |
| Staff | 23 | (73) | | Mothers' Clubs | 352 | (313) | |
| Administrative District Nursing | | | | School Children | 574 | (551) | |
| Staff | 24 | (11) | | Youth Organisations .. | 79 | (92) | |
| Health Visitors and District | | | | Old Peoples' Clubs | 74 | (46) | |
| Nurse/Midwives | 1,622 | (1,743) | | Parents' Groups | 52 | (37) | |
| Dental Staff | 136 | (127) | | County Council Staff .. | 97 | (84) | |
| Other Members of County | | | | Other Groups | 249 | (304) | |
| Council Staff | 142 | (160) | | | | | |
| Outside organisations and | | | | | | | |
| lecturers | 191 | (178) | | | | | |
| | <u>2,963</u> | <u>(2,877)</u> | | | <u>2,963</u> | <u>(2,877)</u> | |

The subject matter covered by these talks is given below:—

| | |
|---|--------------|
| Ante Natal Instruction | 1,444 |
| Ante-Natal Instruction (Sessions with husbands) | 42 |
| Dental Health | 276 |
| Food and Health | 127 |
| Food Hygiene | 48 |
| First Aid and Oral Resuscitation | 138 |
| Smoking and Health | 71 |
| Mental Health | 100 |
| Growing up | 184 |
| Home Safety | 67 |
| Health and Welfare Services | 121 |
| Miscellaneous | 345 |
| | <u>2,963</u> |

Ante-Natal Group Activities

These groups remained very popular in all parts of the County mainly attracting young mothers expecting their first babies. There was some increase in the demand for relaxation and preparation for labour from mothers who already had had a baby. Greater emphasis is being placed in the discussions on understanding relationships within the family.

The evening filmshows, to which the mothers are invited to bring their husbands, continue to receive excellent support.

| Area | Ante Natal Classes | | For Husbands attending with Wives | | |
|-----------------|--------------------|------------------------|-----------------------------------|------------------------|----------------------|
| | No. of Sessions | No. of Women attending | No. of Sessions | No. of Women attending | No. of Men attending |
| Aylesbury | 162 | 256 | 7 | 145 | 138 |
| North Bucks .. | 258 | 300 | 7 | 120 | 102 |
| South Bucks .. | 393 | 602 | 12 | 356 | 341 |
| Wycombe Area .. | 631 | 940 | 16 | 361 | 340 |
| | <u>1,444</u> | <u>2,096</u> | <u>42</u> | <u>982</u> | <u>921</u> |

Mothers' Clubs

The highlight of the year was the Rally held in Aylesbury in May when an audience of over 700 Club Members were reminded of the history of this movement which started in 1949 with the foundation of the Club in Great Kingshill.

The study theme for the year was "Family Budgeting" which had been dealt with from many angles, e.g. banking, economical joints of meat, and the effects of good budgeting on the mental health of the family.

The newsletters produced in the High Wycombe and South Bucks areas continued during the year to flourish and attract articles of a high standard written by club members.

With the foundation of two new clubs during the year at Marlow and North Marston the total in the County rose to 34.

Exhibitions

The majority of the publicity side of health education has been carried on by means of small exhibits and poster displays, usually in the Child Welfare Centres, but also in such situations as libraries, schools and other public halls.

A wide range of subjects was covered, and in addition to the regular ones such topical themes as "Dangers from Fireworks," "Safety on Holiday," "Garden Safety," etc., were used.

Larger exhibitions on "Home Safety" were widely circulated in the Wycombe and Amersham Libraries, at the Bucks County Show, and in the Slough Area. In many instances this work was carried on in conjunction with the District Council Safety Committees.

An exhibition, together with appropriate films and talks, on the subject of "Child Growth through Play," was arranged with the Children's Department, and set up at Wing and Quarrendon.

A display on "Smoking and Health" was again prepared for use with Youth Clubs and the exhibitions on the subject of "Nutrition and the Elderly" continued to be used in the Old People's Clubs.

Venereal Disease

Specific talks and instruction in this subject were given to a variety of bodies, such as the St. John Ambulance Brigade, Social Study Groups, Senior Schools and Mothers' Clubs, and the visual aids used were either a special series of slides, or the film entitled "Quarter Million Teenagers".

In general the headteachers of senior schools do not wish to have this subject introduced as a single isolated talk, and indeed this fits in with the policy of the Department. The normal practice is to incorporate instruction on venereal diseases in the ever increasing series of discussions that are taking place on "Growing Up", especially when a Medical Officer is participating in the series.

Smoking and Health

As in previous years, the policy was to provide information as to the dangers of cigarette smoking to the younger people, and in particular school children. Talks were given in the main to the pupils of senior schools, and in the Aylesbury area the efforts of the Health Education officers were supplemented by lecturers from staff of the Cancer Information Association.

Most field workers endeavouring to cope with this problem realise that it will take many years to bring about radical changes in such a long entrenched social habit, so it was very encouraging to read the following paragraph in a Ministry of Health Circular in October last:—

“ Between 1961 and 1965 the number of people aged 16 and over in Great Britain rose by about 1¼ million, but the number of smokers fell by about half a million; the number of non-smokers (including ex-smokers) rose by about 1¾ million, the proportion of non-smokers rising from 43 % in 1961 to 46 % in 1965.”

These changes are attributable to many factors, but they do show a favourable trend, particularly among teenagers.

Despite frequent notices in the appropriate Bulletins, it is disappointing to find how few Youth Clubs want to take advantage of the Department’s offer to show a film and lead a discussion on this subject.

News Letter

A news-letter was produced and circulated widely throughout the staff of the Department with the object of keeping them in touch with what is happening within the County. The subjects referred to in the first issue were Cervical Cytology (Aylesbury area), anaemia and Vitamin ‘ D ’ Survey (Wolverton area), and the new structure for the Social Work Services. It is intended to produce the news-letter once or twice a year as the occasion demands.

Cervical Cytology

The research project on population screening, to which the County Council has been making a financial contribution, continued during 1966, when 4,498 women in the Aylesbury Borough and Rural District had cervical smears examined.

The results of these tests were as follows:—

| | | | | | | | | | | |
|------------------------|----|----|----|----|----|----|----|----|-------|-------|
| Negative | .. | .. | .. | .. | .. | .. | .. | .. | .. | 4,469 |
| Positive: | | | | | | | | | | |
| Carcinoma in situ | .. | .. | .. | .. | .. | .. | .. | .. | .. | 22 |
| Invasive carcinoma | .. | .. | .. | .. | .. | .. | .. | .. | .. | 2 |
| Dysplasia | .. | .. | .. | .. | .. | .. | .. | .. | .. | 2 |
| Awaiting investigation | .. | .. | .. | .. | .. | .. | .. | .. | .. | 3 |
| | | | | | | | | | | — |
| | | | | | | | | | Total | .. 29 |
| | | | | | | | | | | — |

In the first six months of the project—from June to December, 1965—3,130 smears were examined of which nine were positive. The greatly increased number of positives in 1966 must be considered a chance occurrence as any abnormal cytology takes a number of years to develop. If the two years are averaged, the rate of five positives per thousand suggests that a fair cross section of the female population is being examined, and that this contains a substantial proportion of the so-called “ high risk ” groups.

In order to study more closely the women who accepted or refused the offer of cervical smear tests, it was decided during the year, with the help of the Institute of Community Studies, to carry out a pilot survey on a doctor’s practice where sixty per cent of his patients had been examined.

The results of this survey are at present being analysed, and although the figures are too small for any statistically reliable conclusions to be drawn, certain interesting points have been noted. In particular, in this practice there were no marked social class differences between the tested and the untested but the untested were more often unmarried or childless.

Most people, whether they went to have the test or not, expressed faith in early intervention and the possibility of cure for cancer of the cervix, but were not prepared to say that it is preventable. They clearly saw the test as diagnostic rather than preventive with, therefore, the implication of a possibly distressing outcome. To doctors it may be that picking up the occasional positive smear makes the testing seem worthwhile, but to patients this is what makes it formidable. Fear of illness and of hospitals, not wanting to meet trouble halfway, these seemed to be the most potent reasons for avoiding the test. Choosing not to know is a strategy directly opposed to the screening principle and perhaps some people will always prefer this way. But many of the untested who agreed to be interviewed seemed by no means unshakable in their resistance, nor very different in their views from the people who were tested. They may be ready to yield to a ‘ push ’ or a personal appeal from their doctor.

SECTION 29.—HOME HELP SERVICE

During the year under review a total of 2,827 cases were given home help and 170 of these were helped under the good neighbour scheme. The total of households helped was 76 more than the total for the previous year.

A total of 488 abortive but, nevertheless, time consuming visits were paid during 1966. No application for the service was refused, but it was sometimes necessary, because of difficulties experienced in the recruitment of suitable staff, to limit households to only the minimum of help. These cases were, and will continue to be kept under constant review so that the amount of help may be increased should the staffing position make this possible.

Once again the largest demand for help was made by the aged, the total for 1966 of 1,805 cases being 114 more than the corresponding total for 1965. This was of course, to be expected and it may be of interest to note that the yearly total of "aged" helped has been increasing since this particular category was first included in the yearly returns in 1952 when the number of "cases of old age" helped was 293.

It is with pleasure that I report there were no cases of tuberculosis recorded as helped during the year; this also follows the anticipated trend since the figures have been falling steadily over the last fourteen years or so.

A trend which is difficult to anticipate and even more difficult to cater for from a staff point of view is the need for home help for maternity cases; in this connection 439 maternity cases were helped in 1964, 391 in 1965 and 401 in 1966.

Staff

(a) *Administrative*

There was no change in establishment of organising and clerical staff during the year. The two Assistant Organisers who resigned their appointments to take up posts with other authorities were replaced quickly, thus avoiding the need to throw additional loads on their colleagues for any length of time.

The administrative staff responsible for this service was:—

- County Home Help Organiser
- 4 Area Home Help Organisers
- 8 Assistant Organisers
- 2 Full-time and 5 part-time Clerks.

(b) *Others*

At the end of the year 510 home helps were employed on a part-time basis.

As an experiment it was decided to engage three full-time home helps. These home helps were supervised carefully both from the patient and home help's point of view. For the patient living alone, requiring four hours a week, it was felt that two hours twice a week was far more beneficial to the patient owing to the companionship, standard of work, and the amount of work given by them. To give this service the home help might be required to work at 4 houses every day.

The majority of home helps are married, with families, consequently they are responsible for their own homes and all the cleaning that goes on in them. In view of this and the amount of work per hour expected of them in the Home Help Service, it was noted that the standard of work deteriorated at the end of the day. Whilst they appreciated the guaranteed wage, they felt that they could not do it justice and expressed the wish to revert to the hourly basis, but they were quite prepared to work an occasional 40 hour week when an emergency arose.

Recruitment

Towards the end of the year recruitment improved a little, particularly in the industrial areas of the County but overall the general position did not improve sufficiently to allow all households requiring assistance to have all the help required.

As an aid to recruitment and to the mobility of home helps, authority was given during the year to those owning cars to use them in the course of their duties and to claim mileage allowance. The organising staff find this of great value since it is very much easier to arrange cover for emergency cases and those in isolated areas where the public transport service is poor.

Although the recruitment problem continued to present difficulties during the year it was encouraging to note the marked improvement in the type of applicant attracted to the Home Help Service. They tend to look on it as social work and the ever increasing emphasis on domiciliary care seems to make them want to work in the homes of the aged and infirm. In this way they feel they are helping to keep the old people in their own homes as long as possible.

Training

A very successful 3 day In-Service Training course was held at the College of Technology and Art, High Wycombe, when interesting lectures were given and a lot of practical work was undertaken.

An equally successful one day course was held at the Green Park Youth Centre, Aston Clinton.

Our thanks are due to the Chief Education Officer and his staff for their help and co-operation in making these projects possible.

Four half-day in-service training courses were held during the year at the Health Centre, Burlington Road, Slough.

In addition to these in-service training courses, meetings were also held at both County and Health Area level whilst the County Home Help Organiser and one Area Organiser attended the week-end Conference of the Institute of Home Help Organisers which was held at Brighton.

Problem Families

In all, 9 problem families were assisted during 1966, this total being 3 less than the corresponding figure for 1965.

It is encouraging to report that in some of these homes the mothers improved in the care of their children sufficiently to allow the number of hours of help given to be reduced to a minimum.

Good Neighbour Scheme

This particular scheme continued during the year to be a great boon to the old folks since those benefiting from the service seem to derive a sense of security from the knowledge that they are in the personal care of their "good neighbour." Several of the elderly helped in this way are now in their "late nineties" and there seems little doubt that, without this service, they would have had to have been admitted to permanent residential care.

It is now possible for some "good neighbours" to care for two old people in separate homes and for others to work as home helps during afternoons.

The number of cases helped by good neighbours during the year (170) was two less than the total for 1965.

Statistics

The following summary gives details of the help provided during 1966 in the various districts.

| AREA | Acute Sick | Chronic Sick | Old Age | T B | Maternity | Mentally Disordered | Problem Families | Good Neighbours | TOTAL |
|---|------------|--------------|---------|-----|-----------|---------------------|------------------|-----------------|-------|
| <i>Aylesbury Area</i> | | | | | | | | | |
| Aylesbury Borough .. | 35 | 19 | 129 | — | 38 | 7 | 1 | 7 | 236 |
| Aylesbury Rural | 17 | 14 | 105 | — | 32 | — | 1 | 14 | 183 |
| Wing Rural | 4 | 1 | 17 | — | 8 | — | 1 | 9 | 40 |
| <i>North Bucks Area</i> | | | | | | | | | |
| Bletchley | 15 | 19 | 105 | — | 28 | 5 | 1 | 11 | 184 |
| Buckingham | 2 | 7 | 34 | — | 5 | — | — | 12 | 60 |
| Winslow Rural | 1 | 2 | 33 | — | 6 | — | — | 8 | 50 |
| Stony Stratford | 1 | 2 | 44 | — | 2 | — | — | 4 | 53 |
| Wolverton | 5 | 9 | 104 | — | 5 | — | — | 16 | 139 |
| Newport Pagnell | 3 | 2 | 44 | — | 2 | 1 | 1 | 10 | 63 |
| Olney | — | 6 | 16 | — | — | — | — | 4 | 26 |
| <i>South Bucks Area</i> | | | | | | | | | |
| Gerrards Cross, Denham and Fulmer | 5 | 1 | 30 | — | 3 | 1 | — | 2 | 42 |
| Slough and District .. | 44 | 37 | 538 | — | 55 | 1 | 2 | 34 | 711 |
| <i>Wycombe Area</i> | | | | | | | | | |
| High Wycombe | 43 | 27 | 247 | — | 101 | 1 | 2 | 18 | 439 |
| Marlow | 9 | 1 | 30 | — | 18 | 1 | — | 5 | 64 |
| Bourne End | 9 | 4 | 24 | — | 15 | — | — | 1 | 53 |
| Princes Risborough .. | 4 | 5 | 36 | — | 8 | — | — | 2 | 55 |
| Beaconsfield | 8 | 2 | 23 | — | 3 | 1 | — | 2 | 39 |
| Chesham | 13 | 6 | 101 | — | 30 | 1 | — | 4 | 155 |
| Amersham | 13 | 11 | 83 | — | 15 | 2 | — | 1 | 125 |
| Amersham Rural | 2 | 2 | 25 | — | 8 | — | — | 2 | 39 |
| Chalfonts | 6 | 4 | 37 | — | 19 | 1 | — | 4 | 71 |
| TOTAL 1966 .. | 239 | 181 | 1,805 | — | 401 | 22 | 9 | 170 | 2,827 |
| Cases included above carried over from 1965 | 14 | 115 | 1,213 | — | 8 | 9 | 6 | 129 | 1,494 |
| TOTAL 1965 .. | 285 | 185 | 1,691 | 2 | 381 | 23 | 12 | 172 | 2,751 |

MENTAL HEALTH SERVICE

The Mental Health Act, 1959 has now been in operation for a complete period of six years and the Council's scheme for the comprehensive care of the mentally handicapped and mentally ill can now be said to be in operation.

The proposals for the provision of residential hostels, five day hostels, improved and purpose-built training centres for juniors and adults, outlined in 1960 have now, to a large extent, been implemented, and the more pressing needs have been recognised by the provision of, or the programming of, capital works. The commencement of the construction of the new Chesham Junior and Adult Training Centres marks the end of the first phase of the development of services.

The programme is, of course, a continuing one but the basis of need is now established and has been recognised. It will, however, be some years before all demands for the provision of hostels, sheltered workshops, etc., can be met. The provision of services was, in the first instance, based upon a very broad outline as it was an accepted policy that, as the implementation of the programme would have to be spread over a period of years needs might not necessarily remain constant in any given area. Changes in need have occurred mainly due to the influx of population, and to the fact that the provision of basic services have, in turn, thrown more emphasis upon inter-connected needs, both within the sphere of local authority responsibilities, and that of the Regional Hospital Boards.

It must, of course, be recognised that the mental health service is not concerned solely with the care of the mentally handicapped or mentally ill, although this is still a basic necessity, but is also concerned with their training or rehabilitation in order that they may lead a useful life within the community. The main emphasis has shifted from purely residential care to a positive field of training towards a return to a useful life within, and for the benefit of, the community. This aim has many attendant difficulties, but every effort is being made to overcome these.

It has also now become apparent that there is an inter-connected need between local authority and hospital board responsibilities and this is fully illustrated in the continuation of the reciprocal arrangement with The Manor House and other local hospitals, whereby some hospital residents who are able to derive benefit from training are taken to the Aylesbury Junior and Adult Training Centres daily. In return, The Manor House Hospital takes into daily care from the community children who are too handicapped to benefit from the training given at the junior training centre. In this way it is possible to relieve parents of the care of children who would otherwise have to remain at home. It also covers the very important aspect that no child is denied the benefits of the care and training required. The inception of this project with all the attendant administrative requirements is just one aspect of the close co-operation that exists between local hospitals and the local authority.

Other aspects of this close co-operation will be noted in the following outline description of the present existing administrative arrangements and organisation of the mental health service.

Administration

Matters of mental health policy are dealt with on behalf of the County Health Committee by the Mental Health Sub-Committee which meets quarterly; in addition the Sub-Committee deals with the day-to-day administration of the service in the Aylesbury and North Bucks Health areas. The day-to-day administration of the service in the High Wycombe and South Bucks Health areas is dealt with by the Sub-Committees appointed for those areas.

During the year the Special Sub-Committee of the County Health Committee approved six medical practitioners with special experience in mental disorders to carry out duties under the Mental Health Act, 1959, and renewed the approval of two doctors for a further five years. Five doctors on the approved list resigned, or left the area, during the year and at the end of the year there was a total of thirty-seven doctors approved to carry out duties under the Act, including two approved doctors who took up appointments in the County.

Co-operation between the department and hospital staffs continued on a cordial basis during 1966 and the friendly informality in the relationships which exists between the staff of hospitals and of the local authority leads, I am sure, to a better understanding of each patient's needs in hospital and in the community. In addition, the link between the services provided by the County Council as the local health and welfare authority and the hospital services is further strengthened by the appointment to the Council's staff, as consultant psychiatrist in a part-time capacity, of Dr. D. C. Watt, the Medical Director of St. John's Hospital, Stone. His advice is available on any psychiatric matters and he attends the meetings of the Mental Health Sub-Committee.

During the past few years I have, together with the Principal Medical Officer, Mental Health, attended senior staff meetings at St. John's Hospital and I am also a member of the St. John's and Manor House Hospital Management Committee. The close co-operation obtained in this way ensures that the administration and proposed development of local health and hospital services is well known to both sides.

Psychiatric out-patients clinics are held for patients from all four health areas. In addition, the Consultant Psychiatrist in subnormality from Borocourt Hospital holds three out-patient sessions each month in Aylesbury, and one session each month in Bletchley. These have proved to be of great help, especially as the Borocourt hospital staff are at a disadvantage because they are working some forty miles from the more remote parts of the hospital catchment area. Mental welfare officers also attended the out-patient clinics when the patients' progress was being considered. Consultant psychiatrists are also engaged on a sessional basis and are available to give instruction on matters of mental ill-health.

Staff Training

From April, 1966, the work of mental welfare officers has been integrated with that of other social workers, including the medical social workers and welfare officers performing duties under the National Assistance Act. Arrangements have been made to give all staff without previous experience of mental welfare officer duties an intensive short course followed by a period of tutelage under the Senior Mental Welfare Officer or other experienced officer. The in-service training and staff development is reported on elsewhere in this report.

The monthly case conferences at St. John's Hospital were continued during the year and were attended by field workers, hostel wardens and medical officers concerned with mental health services. The case conferences which were combined with teaching sessions included lectures on "The Psychoses and Neuroses," "Alcoholism," "Instruction on compilation of social histories," "Family case work," "Psychosomatic illness," "the Psychological Aspects of Physical Disability" and "Home Maintenance of the Geriatric Patient."

The training lecture session will be continued at quarterly intervals in future, as it has grown in numbers and does not now easily combine with case discussion. Arrangements have been made for future case conferences to be held in each area and these will be attended by social workers from the local authority and hospital.

It is considered that the best means of obtaining information on the current developments and trends connected with care and training is by attendance at suitable conferences and courses organised by national associations. Members of the administrative medical staff and staffs of training centres and hostels attended thirteen courses during the year.

TRAINING CENTRES

The training centres play a most important role in the lives of the trainees, commencing with the initial attendance at the junior training centres where the curriculum is based on a programme of training leading towards social competence. The adult training centres in addition provide industrial training and the two programmes combine to provide a basis for a useful life within the community.

All entrants to the junior training centres are assessed for suitability to receive the training given. Whilst at the training centres, trainees receive the full school health services including periodical medical examinations and the medical examinations carried out in junior and adult training centres during 1966 included tests of all new entrants for phenylketonuria. At the end of the year there were three trainees in the centres with phenylketonuria, one of whom was on a special diet. Any immunisations which were required were carried out and dental inspections were also undertaken.

All parents were invited to the annual medical examinations in order that the progress of their children could be discussed and an assessment made of future requirements.

Mid-day meals were provided at all centres; a charge of 1s. 0d. was made for these meals in junior centres and 2s. 0d. in adult centres. The meals were provided by the School Meals Service during school terms, except for the junior and adult Centres in Aylesbury and the Adult Centre in Bletchley, where they were cooked at adjoining hostels. The adult centres do not close during school holidays and the trainees are asked to bring packed lunches during these periods, unless other arrangements can be made.

Special transport was provided for all trainees except those able to get to the centres by their own means. On all routes collection and return points were arranged wherever possible to avoid calling at individual homes. This gives the trainees a further measure of social training.

One child made sufficient progress during the year to justify her transfer to a school for the educationally subnormal within the educational system.

The adult trainees in the Bletchley, Wycombe and Aylesbury centres receive lessons in word recognition, writing and a knowledge of numbers which are combined with a background of social competence training. These sessions are provided under the auspices of the County Education Department and are given by qualified teachers who have a special interest in teaching handicapped pupils. Efforts still continue to be made to extend this service but it is difficult to obtain the services of such trained personnel.

The following table shows the number of children and adults on the registers of the various training centres at the end of the year.

| | Junior Centres | | Adult Centres | | Mixed Centres | | | | TOTAL | |
|--------------------|----------------|----|---------------|-----|----------------|---|---------------|---|---------|--------|
| | M | F | M | F | Junior Section | | Adult Section | | Juniors | Adults |
| | | | | | M | F | M | F | | |
| Aylesbury .. | 31 | 15 | 20 | 20 | — | — | — | — | 46 | 40 |
| Bletchley | 13 | 10 | 32 | 18 | — | — | — | — | 23 | 50 |
| Chesham | — | — | — | — | 10 | 9 | 10 | 9 | 19 | 19 |
| High Wycombe .. | 22 | 14 | 23 | 12 | — | — | — | — | 36 | 35 |
| Slough | 38 | 23 | 11 | 17 | — | — | — | — | 61 | 28 |
| Slough Workshops | — | — | 11* | 13* | — | — | — | — | — | 24* |
| TOTALS .. | | | | | | | | | 185 | 196 |
| No. enrolled | | | | | | | | | 381 | |

*Slough Workshops of the National Society for Mentally Handicapped Children.

The extensions provided at the adult centres in Aylesbury and Wycombe in 1965 were brought into use and are now integral parts of the centres.

The new purpose-built junior training centre in Tuns Lane, Slough, providing places for one hundred junior trainees, has now been brought into operation. The premises previously used as a combined adult and junior training centre are now used solely as an adult Centre and provide places for thirty trainees.

The need for places in adult centres is at present being met but the demand is increasing due to the influx of population, to the need of training for those who, through mental handicaps, prove incapable of retaining work after leaving school and also to the transfer of trainees from the junior centres which is made necessary by reason of age. The age group for junior training centres is that from five years to 16 years of age, a span of 11 years, but the age group for adult centres is from 16 to 60 years of age, a span of 44 years. It is, therefore, necessary to make every effort to equip trainees to play an increasingly independent part in the community and to place them in employment wherever possible. A scheme was, therefore, brought into operation for the placement of small groups of trainees in factories where unskilled repetitive work was available. These groups remained on the roll of the training centre and were supervised by a member of the training centre staff. In this way trainees gain experience of working in industry whilst still receiving the support given by the training centre staff. Payment is made for work done and it is hoped that some trainees will be able to transfer to normal employment in industry and thus relieve, in some degree, the growing demand for places in adult training centres. Six trainees have, in fact, been placed in open employment. In addition to industrial work undertaken in factories, however, factory out-work is undertaken within the training centres and this helps employers to complete tasks of a routine and repetitive nature, thus relieving their own staffs for more intricate work. Therefore it has been accepted that, although factory work must be curtailed, the training centres can still serve a useful purpose for the employer and the community by undertaking contract work within the training centres. This work, in addition to providing invaluable training, also provides trainees with a reward for their industry as they receive payment for their services commensurate with their ability and industry and receive a "wage-packet" as do other workers. This incentive payment scheme is much appreciated, especially by parents who realise that their son or daughter, whom it was not expected

could ever earn anything, could, in fact, bring home a weekly wage-pocket, however small. It is also of benefit to the community as a whole to receive the services of this group of handicapped workers. "Pay day" is a most important occasion and is a great incentive to effort.

The types of work undertaken in the centre include the following—the packing of motor car spare parts, electrical wiring and the packaging of cosmetics, the assembly of television aerial brackets, switch boxes, limit switches and the pressing out of shelf brackets, radio knobs, switch covers, the cleaning of light alloy pressings, castings and plastic mouldings and the making of firework cases, assembling of catalogues, etc. All adult centres operate a car cleaning service and bundle firewood. When light industrial work is not available the centres undertake craft-work including the making of baskets, brushes, ash-trays, table lamps, plant troughs, plant-stands, coffee tables, stools, table-cloths, table napkins, cushions, display cards, address labels, etc. Cookery instruction is undertaken at one of the adult training centres, whilst gardening activities are carried out in the grounds of the centres.

Whilst appreciating the therapeutic value of industrial work, however, it is also necessary to continue social training and a balanced programme of work, social training and play activities must be provided.

The customary annual open days were held at the training centres to give the parents and friends of trainees, as well as members of the general public, an opportunity to see the facilities available for the mentally handicapped in the County and the work produced by the trainees. A display of "Arts and Crafts" was also held in the Amersham Public Library and aroused such interest that the Area Librarian has asked for this to become an annual event.

Outings were also organised for the trainees by the staff and various voluntary and charitable organisations. These included coach tours and visits to places of entertainment and of educational and historical interest. Although many interesting projects were undertaken perhaps the most enterprising was a day trip to Calais organised by the Supervisor of the Bletchley Adult Training Centre. The transport contractors involved in this trip have said that this was the longest journey they have been connected with for a day-excursion and offered their congratulations on the initiative shown. This enterprise was closely linked with the education department teacher and was used as a project to further social competence.

Another interesting departure was the attendance of trainees at a formal dinner held by Toc H, which included short after-dinner speeches and a reply thereto by a trainee.

A visit to the home and farm of the President of the High Wycombe Society for Mentally Handicapped Children was organised and the trainees from the Chesham Centre were the guests of the Penn Street Women's Institute on other farm visits. Visits were made to a post office, a fire station and a public library. The trainees also attended and took part in harvest festival ceremonies, presenting their own gifts to the Minister and later taking gifts of produce to old people living on their own.

These visits are of great educational value and in addition contain an element of social competence training.

Other aspects of social competence were covered by initiative tests set to trainees, including unsupervised journeys, the use of the telephone, the use of local transport, shopping excursions, both supervised and unsupervised, obtaining tickets at railway stations, etc. Lessons were given on personal hygiene and appearance, road safety and money values. Discussion groups were organised and speech training undertaken.

Instruction is given in sports, such as football, cricket, net-ball and table tennis. The venture for the children at the Bletchley Junior Centre of a weekly visit to the local swimming pool continued. Parents gave permission for their children to attend and, accompanied in the water by two members of the staff, the children gained great confidence as well as much pleasure.

Sports Days were arranged to which parents and friends were invited and Christmas parties were organised for the trainees at which it is usual for the trainees to provide their own entertainment. One centre presented a minstrel show, complete with costumes, boaters and black faces. This centre had paid a visit to the Black and White Minstrel Show during the summer term and it was evident that this had made a very deep impression on the trainees. This interest was, therefore, utilised and, although the show required much preparation, this was repaid by the increase in self-confidence shown by the trainees.

It is, of course, a vital necessity that all such activities should be directed towards the fostering of self-confidence and that any tendency towards withdrawal should be discouraged, although great care is taken not to interfere too obviously with the enjoyment of these social occasions.

Almost every training centre has an industrious and enthusiastic Parent/Teacher Association and the practical support given by these bodies has been invaluable. The close co-operation between parents and teachers has proved of great mutual benefit to the staff, parents and the trainees alike.

During Mental Health Week, which is a national project promoted by the National Association for Mental Health and the National Society for Mentally Handicapped Children, exhibitions and meetings were held in which local societies for mentally handicapped children participated and these were well supported and received by the general public.

Talks were given by the staff of the mental health services to local societies and associations on request.

HOSTELS

The general principle adopted in the provision of residential hostels is that a hostel shall not only provide accommodation but must, in fact, function as a substitute home. This has involved the acceptance of the fact that each resident, as a member of the "family," must be permitted to retain a certain individuality of personality. This is necessary, in order that the furtherance of self-confidence and competence may proceed within the accepted limits of each individual resident, towards the eventual goal of an independent and useful life in the community for each resident.

It has also been recognised that, in order to create the right atmosphere for the widely differing personalities of the residents, some effort must be made to use each hostel for the admission of patients falling within age-groups, rather than handicap categories, in order that facilities suitable to age groups can be provided. Each hostel has, therefore, tended to develop its own personality and this is of great assistance in creating a sympathetic first impression on each new entrant.

Administrative problems do, of course, arise because of the adoption of these principles, but this fact has been recognised by the administrative and hostel staffs from the onset and they are prepared to meet and to deal with these difficulties within the framework of the care provided.

It is usually possible to anticipate difficulties arising with individual cases and to determine the benefits likely to be received. All admissions to the hostels are made after assessment by the Principal Medical Officer responsible for the Mental Health Services in consultation with hospital psychiatrists, psychiatric social workers and the hostel wardens.

Although no undue pressure is put on residents to go out to work or to leave the hostels before they are ready to do so, it is made clear to them that they have a duty towards the outside community and that they should do their utmost to meet this. In furtherance of this policy all residents capable of undertaking such work, including those able to follow full-time employment, have week-end duties connected with the running of the hostel, such as preparation of meals and washing up. Each resident is expected to keep their "unit" or room clean, so that they can eventually fit into lodgings in the vicinity of their employment.

In addition to the efforts to lead each resident to seek employment within the community, the responsible residents are also encouraged to seek recreational activities outside the hostel so that they may eventually lead a fully integrated life when they leave the "sheltering" atmosphere of the hostel. It has to be recognised that it is particularly difficult to persuade hostel residents who may have spent a considerable period in hospital or have been living a sheltered life within a small circle of "known people" to enter the "outside world" and any fears must be sympathetically dissolved. Residents do, however, attend day and evening classes at educational establishments and join in the activities of social clubs.

It has been found that residents dislike organised activities within the hostel and prefer to be independent within the permissive family atmosphere.

Facilities are provided at the hostels for sports: games, such as table tennis, darts, draughts, cards, etc. A television set is provided at each hostel with central viewing facilities. The younger residents have record-playing sessions. Newspapers and periodicals are provided and books are obtained from local libraries. Hobbies are also encouraged.

Residents also attend the youth clubs organised by the local societies for mentally handicapped children previously mentioned, together with the trainees from the training centres.

Outings are arranged by local charitable organisations and by the staff of the hostels, whilst seaside holidays are arranged by the administrative staff, the expense of these being borne by the residents concerned.

The following hostels are at present in operation:—

Oaklands, Aylesbury

This hostel can provide care and residential accommodation for a maximum number of 30 mentally-ill or sub-normal women residents and details of the admissions and discharges are shown in the following table:—

| <i>In residence at 31.12.65</i> | | | <i>Admitted during 1966</i> | | | <i>Discharged during 1966</i> | | | <i>In residence at 31.12.66</i> | | |
|-------------------------------------|------------------------|--------------|---------------------------------|------------------------|--------------|-----------------------------------|------------------------|--------------|-------------------------------------|------------------------|--------------|
| <i>Mentally ill</i> | <i>Sub- normal</i> | <i>TOTAL</i> | <i>Mentally ill</i> | <i>Sub- normal</i> | <i>TOTAL</i> | <i>Mentally ill</i> | <i>Sub- normal</i> | <i>TOTAL</i> | <i>Mentally ill</i> | <i>Sub- normal</i> | <i>TOTAL</i> |
| 8 | 11 | 19 | 9 | 7 | 16 | 7 | 9 | 16 | 10 | 9 | 19 |

The majority of mentally-ill patients admitted during the year were from psychiatric hospitals. These patients had derived full benefit from their hospital stay but still required the “ sheltered ” way of life provided by a hostel. This environment can be said to be mid-way between hospital care and a fully integrated return to life within the community. This progression is achieved by avoiding sudden change in order to minimise the stresses associated with such rehabilitation. Many of these residents continued to receive medical treatment and regular visits were made by the medical officer appointed to the hostel.

Of the residents leaving the hostel during the year, four have returned to their homes and employment, one returned home and is receiving further industrial training, one took up residential employment, five went to lodgings of their own choice and one was transferred to an assessment centre to determine suitability for industrial training. One resident was transferred to a Private Home after receiving temporary care, another was transferred to an Old Persons Home, having reached 65 years of age, and one resident returned to hospital for further treatment.

Industrial training is provided at an adjacent adult training centre for some residents of the hostel.

The hostel also provides the necessary catering for the junior and adult training centres which are situated in adjacent premises.

It has been necessary to restrict admissions owing to the difficulty of obtaining suitable additional staff at this hostel.

Meadowlands, High Wycombe

This hostel provides accommodation for 20 mentally-ill or sub-normal women and 10 elderly mentally disturbed men or women.

The principle has been adopted that the mentally ill or sub-normal women admitted to Meadowlands for training should be of an older age group or more handicapped than those admitted to the “ Oaklands ” hostel. Nevertheless, wherever possible, residents at “ Meadowlands ” are helped to enter employment and several placements were made during the year. Two residents returned home to take up employment, and one took up residential employment. One resident returned to hospital for further training and one was transferred to the geriatric unit.

Other residents of this hostel attend the High Wycombe adult training centre or help with the domestic work of the hostel.

Details of admissions and discharges are shown in the following table:—

| <i>In residence at 31.12.65</i> | | | <i>Admitted during 1966</i> | | | <i>Discharged during 1966</i> | | | <i>In residence at 31.12.66</i> | | |
|-------------------------------------|------------------------|--------------|---------------------------------|------------------------|--------------|-----------------------------------|------------------------|--------------|-------------------------------------|------------------------|--------------|
| <i>Mentally ill</i> | <i>Sub- normal</i> | <i>TOTAL</i> | <i>Mentally ill</i> | <i>Sub- normal</i> | <i>TOTAL</i> | <i>Mentally ill</i> | <i>Sub- normal</i> | <i>TOTAL</i> | <i>Mentally ill</i> | <i>Sub- normal</i> | <i>TOTAL</i> |
| 8 | 12 | 20 | — | 2 | 2 | 2 | 3* | 5 | 6 | 11 | 17 |

* 1 transferred to Hostel's Geriatric Unit

The accommodation for the ten elderly mentally disturbed men or women is separate from that provided for the mentally ill and sub-normal patients. Nine elderly mentally disturbed patients were admitted from their homes for permanent and temporary care during 1966.

Temporary accommodation was also provided for two elderly residents of almshouses who had to be found accommodation whilst the rebuilding of the almshouses was in progress.

The following table gives details of admissions and discharges during the year:—

| <i>In residence at 31.12.65</i> | | | <i>Admitted during 1966</i> | | | <i>Discharged during 1966</i> | | | <i>In residence at 31.12.66</i> | | |
|---------------------------------|--------------------|--------------|-----------------------------|--------------------|--------------|-------------------------------|--------------------|--------------|---------------------------------|--------------------|--------------|
| <i>Geriatric</i> | <i>Alms-houses</i> | <i>TOTAL</i> | <i>Geriatric</i> | <i>Alms-houses</i> | <i>TOTAL</i> | <i>Geriatric</i> | <i>Alms-houses</i> | <i>TOTAL</i> | <i>Geriatric</i> | <i>Alms-houses</i> | <i>TOTAL</i> |
| 3 | 2 | 5 | 9 | — | 9 | 4 | 2 | 6 | 8 | — | 8 |

Three elderly patients returned to their homes after periods of temporary care. Two temporary residents returned to the almshouses and one geriatric patient died.

Difficulties were experienced at Meadowlands during the year in obtaining the required staff and this difficulty still exists.

The psychiatric social worker concerned with the care of female hostel residents reports that the continuing advice of the Ministry of Labour has helped to remove many difficulties in the placement of residents in employment. Personal contact with factory supervisors has been a significant factor in preventing small difficulties from becoming major issues.

It is necessary for friendly supervision to be exercised when residents are placed in lodgings because, due to lengthy hospitalisation, some have forgotten how to plan financially, how to remember that milk bills, etc., have to be paid and the considerations that must be shown to members of the “ outside ” community. Difficulties must be expected over catering when this is undertaken by the ex-hostel resident for the first time after a long period and advice must sometimes be given to see that an adequate and balanced diet is taken.

At the end of the year all residents then capable of leading an independent life in the community had been placed but it has become apparent that some residents will probably never accept or be suitable for lodgings and that the hostels will become a permanent home for such residents. It may be that the routine of the hostel will need to be further adapted to meet the needs of this type of resident.

Norrill Blechley

This hostel which received its first residents on the 14th February, 1966, provides accommodation for thirty mentally ill or sub-normal men. Industrial training is provided at an adjacent adult training centre for which the hostel provides catering facilities. Some of the trainees from the training centre receive domestic training within the hostel.

Although there would be no difficulty in filling this hostel, there have been problems of selecting suitable cases for rehabilitation. This difficulty has been aggravated by the effect of the trade recession locally. This has made it difficult to place men in employment and this, in turn, has placed an added burden on the staffs of the hostel and the adjacent training centre. Under these circumstances the process of filling the hostel has been deliberately slowed down, to enable the maximum attention to be given to each new entrant.

Details of admissions and discharges are shown in the following table:—

| <i>Admitted during 1966</i> | | | <i>Discharged during 1966</i> | | | <i>In residence at 31.12.66</i> | | |
|-----------------------------|-------------------|--------------|-------------------------------|-------------------|--------------|---------------------------------|-------------------|--------------|
| <i>Mentally ill</i> | <i>Sub-normal</i> | <i>TOTAL</i> | <i>Mentally ill</i> | <i>Sub-normal</i> | <i>TOTAL</i> | <i>Mentally ill</i> | <i>Sub-normal</i> | <i>TOTAL</i> |
| 9 | 16 | 25 | 3 | 3 | 6 | 6 | 13 | 19 |

Five mentally ill patients were admitted from their homes. Three were admitted from hospital and one from “ no fixed abode.” The sub-normal patients were all admitted from their homes, three cases receiving temporary care only. Two mentally ill cases returned to hospital for further treatment.

Five-Day Hostel for Children, “ Rosebank,” Aylesbury

The primary object of this hostel is to afford accommodation from Monday morning to Friday evening during school term periods for those children attending the Aylesbury junior training centre who live too far away to travel daily from their homes without undue hardship. The children are returned to their own homes for the week-end and for the school holidays. A number of children are also taken into care when social circumstances make hostel care desirable.

When the staffing situation makes it possible to do so, children are accommodated at the hostel during school holidays and over week-ends at their parents request. The hostel, however, functions mainly as a five-day hostel and is staffed accordingly. It was, however, possible to give full-time temporary care for ten children during the year.

The following table gives details of admissions and discharges during the year:—

| <i>In residence at 31.12.65</i> | <i>Admitted during 1966</i> | <i>Discharged during 1966</i> | <i>In residence at 31.12.66</i> | <i>Short term Care during 1966</i> |
|-------------------------------------|---------------------------------|-----------------------------------|-------------------------------------|--|
| 11 | 2 | 4 | 9 | 10 |

Five-Day Hostel for Children, “ The Walnuts,” Bletchley

This five-day hostel was opened in May, 1964, in order to provide a similar service in Bletchley to that provided at “ Rosebank ” in Aylesbury. It does, however, provide an additional service in that it accommodates a small unit of autistic, or non-communicating, children who do not attend the Bletchley junior training centre, as the Warden has shown a special aptitude for dealing with psychotic children.

A consultant psychiatrist from Borocourt Hospital visits “ The Walnuts ” and discusses with the Principal Medical Officer and the Warden any problems which the children present.

The facilities provided were particularly useful in doubtful cases where a choice between hospital and community care had to be made but the service had to be limited in extent as it has not yet been possible to fill the post of deputy warden. It was, however, possible to offer short-term care facilities to seven children during the year.

The admission and discharge figures for the year are given in the following table:—

| <i>In residence on 31.12.65.</i> | <i>Admitted during 1966</i> | <i>Discharged during 1966</i> | <i>In residence on 31.12.66.</i> | <i>Short term Care admissions during the year</i> |
|--------------------------------------|---------------------------------|-----------------------------------|--------------------------------------|---|
| 8 | 5 | 5 | 8 | 7 |

Other Residential Accommodation

(a) Short Term Care

The number of admissions during the year for residential care (e.g. to relieve the family) is shown in the following table; corresponding figures for 1965 are shown in parentheses:—

| | <i>Under 16</i> | | <i>Over 16</i> | | <i>Total</i> |
|--|-----------------|----------|----------------|----------|--------------|
| | <i>M</i> | <i>F</i> | <i>M</i> | <i>F</i> | |
| (a) to National Health Service Hospitals .. | 28 (22) | 17 (20) | 4 (6) | 3 (3) | 52 (51) |
| (b) to Local Authority residential accommodation | 15 (8) | 2 (3) | 8 (—) | 6 (5) | 31 (16) |
| (c) Elsewhere | 1 (—) | — (—) | — (1) | — (—) | 1 (1) |
| Total | 44 (30) | 19 (23) | 12 (7) | 9 (8) | 84 (68) |

Permanent Care

The number of patients on the waiting list at the end of the year for admission to a psychiatric hospital for the mentally sub-normal is given below; corresponding figures for 1965 being shown in parentheses:—

| | Under 16 | | Over 16 | | Total |
|---|----------|---------|---------|--------|---------|
| | M | F | M | F | |
| (a) in urgent need of hospital care | 25 (18) | 1 (10) | 5 (4) | 7 (4) | 38 (36) |
| (b) not in urgent need of hospital care | 8 (6) | 10 (13) | 8 (8) | 7 (4) | 33 (31) |
| Total | 33 (24) | 11 (23) | 13 (12) | 14 (8) | 71 (67) |

All those on the waiting list are unsuitable for life in the community or in a hostel and require hospital care. A considerable burden is thrown on their families by the lack of suitable accommodation.

Cases under Care and Cases referred

The arrangements continued during 1966 whereby the welfare officers visited certain children leaving special schools for the educationally sub-normal, in order to offer advice and guidance to the parents.

The good liaison between the Department and that of the Chief Education Officer was maintained during the year and the friendly relationships between youth employment officers and welfare officers helped considerably towards the suitable placement of “special school” leavers.

Registered Homes

The following private residential homes for mentally disordered persons are registered in this County under the Mental Health Act, 1959:—

| Name | Registration |
|---|---|
| Lynwood, Woburn Sands | For 6 severely sub-normal men. |
| Mount Tabor, Wingrave | For 7 severely sub-normal women and 12 severely sub-normal girls (aged 5-16 years). |
| National Society for Mentally Handicapped Children Hostel, Slough | For 15 severely sub-normal men and 13 severely sub-normal women. |

VOLUNTARY ORGANISATIONS

Social Clubs

Social clubs which are attended by hostel residents, trainees from the centres and some residents of local hospitals are now operating successfully in several areas. These clubs are usually organised by the local societies for mentally handicapped children and meet each week. The clubs play an important part in the provision of social contacts and are sometimes the first “outside” contact hostel residents have. These clubs also foster and help to maintain further contacts and generally assist in the social rehabilitation of hostel patients.

There is a good atmosphere at these clubs and members benefit from attendance. Music, games and discussions occupy a good deal of the time available to these clubs and the emphasis is upon enjoyment. The therapeutic effect, although incidental, is, however, a very vital adjunct.

In addition to the usual social club activities, parties and outings are arranged and handicrafts are taught.

Bucks Voluntary Association for Mental Welfare

Mr. H. G. Sackett, the Honorary Secretary, submitted the following report on the work of the Association during 1966:—

“The Association continued to make grants to help patients whose needs could not be met from statutory sources. During the year grants were made including the provision of clothing, bedding, meals and holidays. At Christmas special gifts were sent consisting of vouchers for groceries or clothing where this was more appropriate.

In October, the Association, with the approval of the Mental Health Sub-Committee of the Health Committee, appointed a paid leader for a playgroup which is organised by a committee of parents in Amersham. This group, which is attended by twelve children aged from 3—7 years, meets on two mornings a week from 9.30 a.m. to 12.30 p.m. It is staffed by voluntary helpers and children are brought to the group by voluntary car drivers on a rota, who carry out the transport without charge. Plans have been made to increase to three sessions a week when the group re-opens after the Christmas holiday.

Two hundred passengers travelled on the special bus which the Association organises to enable relatives of patients at Borocourt and Peppard Chest Hospitals to travel more conveniently.

The annual general meeting was held in June in Mental Health week at the junior training centre and the Association is grateful to the County Council and staff for the facilities afforded. The work of the centre was on view and a panel, consisting of the Senior Assistant County Medical Officer, Supervisor of the Junior Training Centre and Senior Mental Welfare Officer answered questions from the audience.

The Association has continued to nominate a member of the Executive Committee for co-option to the County Health Committee.”

PREVENTIVE PSYCHIATRY

It was possible to extend the arrangements previously in operation whereby Medical Directors of the Child Guidance Clinics at Aylesbury and Slough devoted sessions each week to “Prevention” in the mental health field, so that Dr. C. E. Bagg, Medical Director of the Chesham Child Guidance Clinic also devoted sessions to “Prevention”. The Medical Directors reported on this aspect of their work as follows:—

Dr. Edith M. Booth (Aylesbury):

“In May, 1966 I retired from the National Health Service and thus relinquished my post as Clinical Director of the Aylesbury and Bletchley Child Guidance Clinics. I was happy to be able to continue my work in Preventive Psychiatry with the Local Authority, for two sessions a week.

This has meant that, for the first time since prevention in the field of mental health was started in this County, it is practised by a consultant not in direct contact with the Child Guidance Service or the Children’s Department. However, there are now three other consultant psychiatrists doing sessions devoted to prevention, side by side with their work in child psychiatry. To some extent therefore, depending on time available, the need for prevention in the field of child care is being met.

There is, no doubt that prevention of a good deal of maladjustment and social deviation begins in the home, and depends on the type of nurture given to the young child in his home, or substitute home; this is mental hygiene, about which we now know a good deal.

However, there are many others whose work brings them into contact with families, some of whom have multiple problems. These workers include health visitors, medical social workers, district nurses and midwives, mental welfare officers and home helps—to mention but a few. The mental welfare officers receive help and in-service training from their contacts with St. John’s Hospital and the consultants working in general psychiatry.

It was therefore decided that I should continue to work with those groups for whom there is no provision for in service training in psychological medicine. This year I have continued to interest myself in the in service training needs of the health visitors and home helps. My connection with the health visitors of Buckinghamshire is a close one and has gone on, with one group and another, over the past 10 years. It is interesting to note how much they have deepened their

insight and increased their skills in dealing with the many problems concerning mental health and mental illness, which they encounter in their day-to-day work. Contrary to what happened 10 years ago, nowadays, no health visitor seems to find this aspect of her work disturbing or threatening, as did some members of the early groups and I am particularly glad to mention the help and support they give to families with a handicapped child—a task calling for much insight and skill. I am sure that their attachment to general practice is excellent, for all concerned.

During the year we had a most successful series of group talks and discussions at Bletchley and, when that finished, a similar group was started with the Aylesbury health visitors.

During the year, I talked to the home help supervisors on the subject of their work, in connection with the mentally ill in the community and found them interested, and interesting, in discussing the various aspects of the home help service to families.

I hope to continue and expand this aspect of preventive psychiatry, for I know that the home helps are eager for knowledge, concerning personal relationships, and the motives which influence human behaviour.

This year I continued to help, as far as is, at present, possible, in the “ Social Work Aspect ” of the work of women police officers.

There seems no doubt that the police have an increasing part to play in general social work with families, and I know how anxious many of them are to receive some training which will help them to fill this role. If, as seems at least possible, drug addiction amongst adolescents becomes a problem in this County, the police will be the first workers to be involved. A good deal will depend on their understanding of the motives and needs which lead adolescents to addiction. Indeed, the threat of increasing drug addiction is, I feel, a challenge to preventive psychiatry and to social work of all kinds.

The most important people among those who will have the major part in determining the mental health and stability of future generations, are the potential parents—those who are now in our midst as adolescents and schoolchildren. Do we, I wonder, offer them enough opportunities for the right kind of discussion—do we talk with them enough and hear their views ? The adolescent, of today, is in many ways an under privileged person; if this seems paradoxical I would point out that like other “ deprived persons ” he or she may have material benefits, as a compensation for the fact that he is emotionally and socially rejected by society. I am sure that there is a place for discussion groups with young people, not only on the lines of what is called “ sex education ” (although this comes into it) but about all those aspects of family and inter-personal relationships which bewilder young people and their parents.

With this in mind and with the co-operation of Miss Camp, Headmistress of the Aylesbury High School for Girls, I arranged a series of discussion groups with 6th Form girls at that school.

These discussions covered many aspects of social, and sexual behaviour, and ethics. This was really in the nature of a ‘ pilot ’ study and it is too early to know the results. We need to know when, where and by whom such discussion groups should be led. I am sure that even in the over burdened school curriculum, they are necessary and potentially most valuable.

During the year I gave talks to various women’s organisations including mother’s clubs, young wives groups and similar bodies. These often led to stimulating and lively discussions.

In conclusion, I would like to thank all my colleagues in the Health Department for much encouragement and help, and for valuable suggestions which may help and enlarge the subject of preventive psychiatry.”

Dr. C. E. Bagg (Chesham):

“ With the appointment of an additional consultant psychiatrist in January, 1966, it became possible for a weekly session to be devoted to the supervision of the work of preventive psychiatry carried out under the aegis of the local authority in the southern part of the County.

The scope of preventive psychiatry is very wide and its boundaries cannot be defined precisely. However, a major key to much of preventive psychiatry lies in the facilities provided for the relevant personnel by the local authority. These facilities include the provision of appropriate psychiatric education “ in the field.” There are various groups of social workers whose work has particular relevance to preventive psychiatry and the work of all these groups has much basic material in common both in its theory and in its practice. All have much to learn from one another and from any psychiatric advisory facilities available.

Not all these groups are equally grounded in psychological concepts and, although advances create the need for each discipline to remain alert to new developments, those groups whose training has involved the least intensive psychological orientations are clearly those who stand in the greatest need of assistance with this aspect of their work. This principle has particular application to the health visitors, since their wide background, which includes a full general nursing training and the acquirement of additional expertise in the physical aspects of child welfare, has in the past left comparatively little room for preparation for the psychological side of their work.

This is unfortunate since the health visitor is exceptionally well-placed to assist in some of the most important aspects of preventive psychiatry in view of her automatic and often smooth access to families at a stage at which emotional disturbance is particularly prone to develop and take root. In simple terms, for example, the effect of a battle-ground evoked by the training situations of early life can persist as a character pattern of reaction to any sort of subsequent training. An understanding of the particular psychological mechanisms operating in each case may be of great value in averting this development. Similarly, an understanding of many other developmental situations, such as the origins and effects of sibling rivalry, may be of great long-term preventive value. And as an experienced member of the nursing profession the health visitor enters these family situations under conditions which may well allow for a ready acceptance when on a less favourable basis feelings of resentment against professional interest might arise.

The health visitors are called to help in many difficult situations other than those concerned with child welfare. Having already established contact with the health visitor the families are understandably liable to seek their help with subsequent problems, such as the management of their aged relatives or those discharged from mental hospitals incompletely recovered. With the increasing proportion of old people in the population, and with the emphasis in recent years on the part to be played by community care in the management of the psychiatrically disabled, health visitors are often faced with situations demanding the relevant knowledge and skills. Hence their training needs are now considerable. Inevitably therefore, although their heavily-laden syllabus has been revised to provide for modern psychiatric trends, they will continue to require supplementary instruction and suitable guidance when carrying out their daily work.

To meet these needs in the southern part of the County those sessions with health visitors held in the present year were started on 1st March. They have taken place once weekly, and the four groups concerned are from Chesham, Amersham and Chalfont, Marlow and High Wycombe, each attending once monthly. They are conducted on an informal basis, with an emphasis on questions and answers and on discussion and formulation of concepts. In the earlier months the emphasis was on diagnostic aspects, such as recognition of the points at which emotional deviations become of clinical significance and a knowledge of the differential features in the commonest and most significant mental illnesses. In the latter months the emphasis was shifted onto casual factors, which were illustrated in particular by reference to those frankly psychiatric states which show most clearly the psychological mechanisms having their counterparts in the inter-personal disturbances which confront every worker in this field. Worthwhile psychiatric understanding can only be acquired slowly, through practical experience in conjunction with adequate supervision. The nature of their work gives health visitors ample material for practical experience. It is hoped that psychiatric supervision resting on the principles outlined will also help to render this branch of their work more meaningful to themselves and more valuable to the communities which they serve."

Dr. Mildred I. Pott

"In Slough I have one psychiatric session a week for preventive psychiatry and use this for short term psychotherapy with bereaved families and individual and group work with professional workers in the area. Since the Crisis Consultation Service started we have dealt directly with 100 cases and with many more through consultation with other agencies and professional workers. I have also had the opportunity of speaking to groups outside Bucks as well as in the Slough district on how to help families at the time of a family death. I believe that if there is increased understanding of normal mourning and of the different phases in working through grief, then later, neurotic symptoms and mental illness may be prevented. I addressed a very interested meeting of the Association of Child Psychiatry and Psychology on our Crisis Consultation Scheme and also spoke to doctors, nurses and social workers at The Hospital for Sick Children, Great Ormond Street, on "The problem of bereavement in the paediatric wards."

Inquiries about our work have been received from as far afield as Newcastle and Merthyr Tydfil. I was not able to assist in the psychiatric work following the Aberfan disaster, but was in touch with the Medical Officer of Health and the Child Psychiatrist and know that they have developed a well-planned psychiatric emergency service for the area. I believe that in any disaster a first-aid psychiatric service needs to be provided immediately to deal with the bereaved families. This is essential as a measure for primary prevention of maladjustment and mental illness.

In our own district group meetings for case discussion and teaching—including teaching on healthy and unhealthy mourning—have been continued with health visitors, teachers, clergy and social workers, and with parents of children referred to the Clinic. Our work on bereavement through the Crisis Consultation Scheme and the group teaching is, of course, only a drop in the ocean, but we have indications directly and indirectly that we are influencing a number of people in our community.”

STATISTICS

Hospital Admissions: (Corresponding figures for 1965 are shown in parentheses).

| | | | | | | | | | |
|-------------------|--------------|----|----|----|----|----|----|-----|-------|
| For observation | (Section 25) | .. | .. | .. | .. | .. | .. | 188 | (142) |
| For treatment | (Section 26) | .. | .. | .. | .. | .. | .. | 35 | (31) |
| In emergency | (Section 29) | .. | .. | .. | .. | .. | .. | 49 | (78) |
| By Order of Court | (Section 60) | .. | .. | .. | .. | .. | .. | 2 | (1) |
| | | | | | | | | 274 | (252) |

Guardianship

At the end of the year there was a total of five cases under guardianship.

NUMBER OF PERSONS UNDER LOCAL HEALTH AUTHORITY CARE AT 31st DECEMBER, 1966

| | Mentally Ill | | | | Elderly Mentally Infirm | | Psychopathic | | | | Subnormal | | | | Severely Subnormal | | | | Total | |
|----|--|----|---------|----|-------------------------|----|--------------|----|---------|----|-----------|----|---------|----|--------------------|----|---------|----|-------|----|
| | Under 16 | | Over 16 | | M | F | Under 16 | | Over 16 | | Under 16 | | Over 16 | | Under 16 | | Over 16 | | | |
| | M | F | M | F | | | M | F | M | F | M | F | M | F | M | F | M | F | | |
| | | | | | | | | | | | | | | | | | | | | |
| 1 | Total number | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| 2 | Attending training centre | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| 3 | Awaiting entry to training centre | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| 4 | Receiving home training | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| 5 | Awaiting home training | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| 6 | Resident in L.A. home/hostel | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| 7 | Awaiting residence in L.A. home/hostel | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| 8 | Resident at L.A. expense in other homes/ hostels | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| 9 | Resident at L.A. expense by boarding out in private household | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| 10 | Attending day hospitals | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| 11 | Receiving home visits and not included in lines 2—10:— | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| | (a) Suitable to attend a training centre | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| | (b) Others | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |

NUMBER OF PATIENTS REFERRED TO LOCAL HEALTH AUTHORITY DURING YEAR ENDED 31st DECEMBER, 1966

| Referred by: | Mentally Ill | | | | Psychopathic | | | | Subnormal | | | | Severely Subnormal | | | | Grand Total |
|---|--------------|---|-------------|-----|--------------|---|-------------|---|--------------|----|-------------|----|--------------------|----|-------------|---|-------------|
| | Under age 16 | | 16 and Over | | Under age 16 | | 16 and Over | | Under age 16 | | 16 and Over | | Under age 16 | | 16 and Over | | |
| | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | |
| | | | | | | | | | | | | | | | | | |
| (a) General practitioners | — | 2 | 69 | 110 | — | — | — | — | 1 | — | 1 | — | — | — | — | — | 183 |
| (b) Hospitals, on discharge from in-patient treatment | — | — | 17 | 31 | — | — | — | — | — | 1 | 1 | — | — | — | — | — | 50 |
| (c) Hospitals, after or during out-patient or day treatment | — | — | 14 | 27 | — | — | — | — | — | — | — | — | — | 1 | — | — | 42 |
| (d) Local education authorities | — | — | 1 | — | — | — | — | — | 8 | 8 | 26 | 22 | 16 | 10 | 5 | 1 | 97 |
| (e) Police and courts | 1 | — | 19 | 12 | — | — | — | — | — | 1 | 1 | 1 | — | — | — | — | 35 |
| (f) Other sources | — | — | 36 | 54 | — | 1 | — | 1 | 1 | 2 | 6 | 5 | 6 | 5 | 1 | 5 | 123 |
| TOTAL | 1 | 2 | 156 | 234 | — | 1 | — | 1 | 10 | 12 | 35 | 28 | 22 | 16 | 6 | 6 | 530 |

SECTION C.—NATIONAL ASSISTANCE ACT 1948

WELFARE SERVICES

Welfare Accommodation

It was only possible to open one new Home during 1966 but this Home, now known as Sinkins House, Slough, made it possible for the serviced accommodation at Upton Hospital, Slough, to be vacated.

The only serviced accommodation now in use in the County is that provided for men at Tindal General Hospital, Aylesbury. Although this particular accommodation was improved and re-furnished in recent years it is the County Council's intention to accommodate the residents elsewhere as soon as circumstances permit.

Delay in the provision of purpose-built homes led to a severe shortage of accommodation for old people in need of care and attention. The demand for beds in residential accommodation became particularly acute during the second half of the year under review and, in the circumstances, additional beds were made available as a temporary expedient, by making use of accommodation, such as occupational therapy rooms, which was not designed as bedrooms.

It may be of interest to note that of the 653 residents in the Homes provided directly by the County Council more than eighty per cent are now over 75 years of age; many are over ninety and a few over a hundred years old.

Details of the number of admissions to the accommodation during 1966 are as follows with the corresponding figures for the previous year being shown in parentheses:—

County Council Homes

| | | | | |
|---|----|----|-----|-----------|
| Permanent | .. | .. | 261 | (185) |
| Holiday | .. | .. | 146 | (144) |
| Periodic | .. | .. | 52 | (53) |
| Temporary | .. | .. | 19 | (21) |
| | | | — | 478 (403) |
| Homes provided by voluntary bodies and other local authorities | | | 44 | (46) |
| | | | — | |
| Total | | | 522 | (449) |

The average age and disability of residents in the County Council's homes has, of course, been increasing for some considerable time and the task of providing proper care and attention for them places additional burdens on the matrons and staffs of the homes. Staffing establishments of the homes are, however, kept under regular review and additional attendants recruited whenever the need arises. Thanks are nevertheless due to the staff concerned in doing everything possible to meet the needs of the old people.

In this particular connection valuable and much appreciated help was given by individual visitors to the homes and by members of voluntary organisations who give so much of their time to visiting those who for various reasons cannot leave the homes or to taking out the more mobile residents.

Amenities

A trolley shop service continued to be provided during the year in some homes and it was appreciated by all, but particularly by those residents whose age or physical handicap make it difficult for them to shop in the usual way.

The number of residents who can take part in organised coach outings from the homes appears to be decreasing and as an alternative some outings by car were arranged to places of interest.

Statistics

The table which follows shows the number of persons in accommodation provided in accordance with Part III of the National Assistance Act, 1948 on 31st December, 1966; corresponding figures for 1965 are shown in parentheses:—

| | MALE | FEMALE | TOTAL |
|--|-----------------|-----------------|-----------------|
| (i) Homes provided by the Council | 154 (113) | 420 (370) | 574 (483) |
| (ii) Serviced accommodation | 39 (73) | — (—) | 39 (73) |
| (iii) Chilton House | — (—) | 22 (27) | 22 (27) |
| (iv) Katharine Knapp Home for the Blind .. | 6 (5) | 12 (10) | 18 (15) |
| (v) Homes provided by voluntary bodies and other local authorities | 77 (95) | 118 (142) | 195 (237) |
| | <hr/> 276 (286) | <hr/> 572 (549) | <hr/> 848 (835) |

The number of persons awaiting admission to that accommodation at the end of the year was:—

| | |
|-----------------|-----------------|
| Males | 131 (128) |
| Females | 301 (298) |
| Total | <hr/> 432 (426) |

Meals on Wheels

There was a considerable increase during the year in the number of meals supplied to people living in their own homes; the total number of 81,576 being an increase of 18,613 over the total for 1965.

Up to the end of March, 1966, all meals on wheels were provided by the Women's Royal Voluntary Service, the County Council paying a subsidy of one shilling on every meal provided for those who were house-bound and who were recommended by a general medical practitioner, health visitor, district nurse, social worker or hospital almoner.

As from the 1st April, 1966 the County Council paid a subsidy of one shilling and threepence for each meal on the understanding that the Women's Royal Voluntary Service would increase the charge to recipients to one shilling and sixpence per meal.

At that date Slough Municipal Borough Council started to run a scheme for the provision of meals and during the nine months ended 31st December, 1966 they supplied a total of 19,701 meals. The County Council paid to that Borough Council subsidies totalling £1,215 19s. 3d.

The subsidies paid to the Women's Royal Voluntary Service amounted to £3,617 5s. 9d. In addition, the County Council loaned to the voluntary association equipment valued at £570 12s. 9d. and paid to their members £578 11s. 6d. to help defray the cost of delivery expenses.

Co-operation between Welfare Authority and Regional Hospital Boards

Dr. A. W. Hogg and Dr. Lorna Davies, Consultant Physicians in Geriatrics appointed jointly by the County Council and the Oxford Regional Hospital Board, kindly submitted the following short report:—

“During the course of the year close liaison continued between the Welfare and Geriatric Services.”

“Disappointing progress in building has delayed the opening of the new Geriatric Unit in Amersham but it is hoped that the building will be ready early in 1967. During 1967 also it is hoped that additional Geriatric beds will become available in the area.”

Dr. H. Caplan, Consultant Physician in Geriatrics, appointed jointly by the County Council and the North West Metropolitan Regional Hospital Board, reported on the year's work as follows:—

“During the year under review I held weekly conferences with the medical social workers and welfare officers, when the needs of both hospital patients and patients being cared for in their own homes were discussed. Assessment of patients' suitability for welfare residential accommodation continued to be made, and in this connection I visited patients in their own homes, in the general wards of hospitals in the area and, on occasion, at St. Bernard's Hospital, Southall. At the request of visiting medical officers to Welfare Homes I visited those homes to advise on medical matters.”

Co-operation between the Welfare Authority and Local Housing Authorities

Guaranteed Rent Scheme

At the end of December, 1966 nine local housing authorities were participating in the County Council's guaranteed rent scheme. These authorities were: Aylesbury and Wycombe Municipal Borough Councils; Beaconsfield and Bletchley Urban District Councils; Amersham, Aylesbury, Newport Pagnell and Wing Rural District Councils.

The following statistics give an indication of the work carried out under the scheme.

| | <i>Men</i> | <i>Women</i> | <i>Children</i> |
|---|------------|--------------|-----------------|
| Families dealt with to date under guarantee | 94 | 112 | 500 |
| Families given similar help and advice but not included in Guaranteed Rent Scheme | 68 | 75 | 276 |
| Families who were dealt with under Guarantee who continued to receive help when no longer in arrears | 5 | 9 | 39 |
| Families evicted—1 | | | |
| Children from such families taken into care : | | | |
| (a) Guaranteed | — | | |
| (b) Guarantee refused by District Council | 3 | | |
| | — | | |
| | 3 | | |
| | — | | |
| Families rehabilitated who were under Guarantee .. | 41 | 45 | 212 |
| Families rehabilitated who were dealt with similarly but not subject to Guarantee | 33 | 38 | 146 |
| At present being dealt with under Guarantee | 33 | 41 | 178 |
| At present being dealt with similarly but not subject to Guarantee | 34 | 44 | 203 |
| Amount paid to District Councils by County Council from commencement of Scheme—18th October, 1957—31st December, 1966 | £254 | 16s. 3d. | |
| Amount refunded to County Council to date | £15 | 13s. 7d. | |

BUCKINGHAMSHIRE OLD PEOPLE'S WELFARE COMMITTEE

Mrs. M. C. Cain, Secretary of the Buckinghamshire Old People's Welfare Committee, kindly let me have the following report on the work of the Committee during 1966:—

“This Committee again had a busy year co-ordinating the work of the Local Committees and Old People's Clubs in the County.

A new Local Committee was formed at Prestwood and Great Kingshill, thus fulfilling a need in this part of the County. Six new Old People's Clubs were also opened.

The Bletchley Old People's Welfare Committee are opening a Day Club in the centre of the town, to provide a room for the use of elderly and handicapped people, where they can obtain rest and light refreshments. There will also be an office staffed by volunteers, who will give help and advice where needed.

Day Conferences were held which were attended by delegates from Local Committees and Old People's Clubs; as a result it is hoped to extend the scope of the work already in hand.

With the active co-operation of the County Librarian, a scheme to deliver library books to the elderly housebound is being implemented.

A County Handicraft Exhibition was again held in Aylesbury. The Lord Lieutenant, Sir Henry Floyd, who opened the Exhibition, praised the very high standard of the work shown and expressed his appreciation of all the voluntary work which is being carried out in the County for the benefit of the old people.

Financial grants have been made by the Committee towards the work done by the local Committees and Clubs. In particular, grants have been made towards the inaugural costs of Luncheon Clubs.

The Statutory Officers have again been of invaluable help in the work of the Local Committees and their co-operation is much appreciated.”

Physiotherapy

The Council's physiotherapist continued during the year to visit twelve of the old persons' homes and provided a total of 4,058 treatments for the residents.

These treatments which helped the old people in maintaining their physical independence were made up of:—

| | | | | | | |
|---------------------------|----|----|----|----|----|-------|
| Exercise | .. | .. | .. | .. | .. | 1,833 |
| Electrical Heat Treatment | .. | .. | .. | .. | .. | 1,039 |
| Massage | .. | .. | .. | .. | .. | 1,120 |
| Wax Treatment | .. | .. | .. | .. | .. | 66 |

Chiropody

Chiropody treatment continued to be available to priority classes free of charge during the year under review; these classes were persons of pensionable age in receipt of a supplementary allowance from the Ministry of Social Security, registered blind persons, expectant and nursing mothers and handicapped persons of all ages including the physically or mentally handicapped and diabetics. There was no extension of the scheme during the year but nevertheless the number of treatments increased as will be seen from the following table, figures for 1965 being shown in parentheses:—

Treatments by Private Practitioners

| | | | | | | |
|---|----|----|----|----|--------|---------|
| Total number of persons treated | .. | .. | .. | .. | 3,701 | (3,260) |
| Number of new patients who received treatment in 1966 | .. | .. | .. | .. | 1,043 | (1,063) |
| Treatments given at chiropodists surgeries | .. | .. | .. | .. | 8,492 | (8,079) |
| Treatments given at patients homes | .. | .. | .. | .. | 11,743 | (9,897) |
| Dressings, when full treatment was not given | .. | .. | .. | .. | 220 | (227) |
| Failed appointments | .. | .. | .. | .. | 476 | (455) |
| Number of Chiropodists under contract at 31.12.65 | .. | .. | .. | .. | 52 | (51) |

Treatments are carried out by private practitioners eligible to provide treatment in accordance with the Ministry of Health regulations. Patients, who are free to choose their own chiropodist, normally attend the chiropodist's surgery, but, should the patient be housebound a domiciliary visit may be authorised. In response to a request from the Ministry of Health to reduce the amount of medical certification undertaken by family doctors, it was decided that with effect from June, 1966, county social workers should authorise all domiciliary visits. Again, there was a considerable increase in the number of domiciliary treatments, but this may have been due, in part, to the large proportion of housebound patients among the handicapped entitled to benefit from the service.

No change was made in the fees paid to the chiropodists which are as follows:—

| | | |
|--|---------|----------|
| Initial examination (not payable when treatment is given on the same date) | .. | 5s. 0d. |
| Treatment or redressing at surgery | .. .. . | 9s. 0d. |
| Domiciliary visit for treatment or redressing | .. .. . | 15s. 0d. |
| Half the appropriate fee is paid for broken appointments. | | |

Chiropodists joining the scheme after 1st October, 1962 receive the Whitley Council rates of remuneration; these are similar to the Council's rates except that no fee is payable in respect of examinations or broken appointments. A mileage allowance of 9½d. per mile is payable to all chiropodists in respect of domiciliary cases.

Patients are normally restricted to nine treatments in each year. However, should the chiropodist consider that further treatments are necessary application can be made for additional treatment to be authorised. The County Chiropodist, who is responsible for the day-to-day administration of the scheme, considers each case and these additional treatments may be authorised where warranted.

It did not prove possible until August to fill the vacancy which occurred last year for a further full-time chiropodist. This chiropodist undertakes treatments at some of the Authority's homes, hostels and schools. Treatments at the other homes are provided by private practitioners employed on a sessional basis, and details of these treatments are as follows:—

| | | | | | |
|---|----|----|----|----|-------|
| Number of chiropodists employed on a sessional basis. | .. | .. | .. | .. | 3 |
| Total number of sessions undertaken | .. | .. | .. | .. | 94 |
| Number of treatments given | .. | .. | .. | .. | 537 |
| Number of treatments by the full-time staff | .. | .. | .. | .. | 2,201 |
| Total number of treatments in old persons' homes | .. | .. | .. | .. | 2,738 |

Thus the total number of treatments provided under the scheme during 1966 excluding school-children was 22,973.

Protection of Property

Cases were dealt with throughout the year where it appeared that there was danger of loss of, or damage to, movable property of persons in hospital or welfare accommodation. In such instances, any necessary care and protection was provided.

“ Movable property ” includes furniture and effects, interests in estates, stocks, shares, money, tenancies and domestic and farm animals. In practice, it was frequently necessary to assume responsibility for a person’s house as well as the contents.

One case arose during the year where a mentally disordered person living alone at home, withdrew cash from his bank to a total of over £2,000 over a short period without receiving visible benefit. Enquiries indicated that this money had probably been given to an acquaintance, but as this could not be proved, it was not possible to recover it. However, other cash and securities were found and taken into the Council’s care.

The matter was reported to the Court and the bank notified of the patient’s disability so that his requests to withdraw further sums were not complied with. There was no other suitable person able and willing to act and, therefore, my Chief Administrative Officer was subsequently appointed as Receiver.

Figures relating to that part of the work involving tenancies and Receiverships during the year are given hereunder:—

| | | | | | | | | | |
|---|----|----|----|----|----|----|----|----|----|
| (a) <i>Number of cases where assistance was given in disposing of furniture and effects and terminating tenancies</i> | .. | .. | .. | .. | .. | .. | .. | .. | 24 |
| (i) Number in psychiatric hospitals | .. | .. | .. | .. | .. | .. | .. | .. | 15 |
| (ii) Number in general hospital | .. | .. | .. | .. | .. | .. | .. | .. | 6 |
| (iii) Number in old persons’ homes | .. | .. | .. | .. | .. | .. | .. | .. | 3 |

In 20 of these cases the matter was discussed with the persons concerned, and they were able to authorise action to be taken.

Four cases, however, were so mentally disordered that an Order of the Court of Protection had to be obtained.

Nine persons were tenants of local Councils, and 15 of private landlords.

| | | | | | | | | | |
|---|----|----|----|----|----|----|----|----|---|
| (b) <i>Number of cases where furniture and effects were taken into the Council’s stores</i> | .. | .. | .. | .. | .. | .. | .. | .. | 7 |
| (i) Number in psychiatric hospitals | .. | .. | .. | .. | .. | .. | .. | .. | 5 |
| (ii) Number in general hospitals | .. | .. | .. | .. | .. | .. | .. | .. | 1 |
| (iii) Number in old persons’ homes | .. | .. | .. | .. | .. | .. | .. | .. | 1 |
| (c) <i>Number of cases where furniture and effects were removed from the Council’s stores</i> | .. | .. | .. | .. | .. | .. | .. | .. | 9 |
| (i) Number of persons remaining in hospital who agreed to the removal and disposal of their furniture, etc. | .. | .. | .. | .. | .. | .. | .. | .. | 2 |
| (ii) Number of persons discharged from psychiatric hospitals | .. | .. | .. | .. | .. | .. | .. | .. | 6 |
| (iii) Number of persons who had died in general hospitals | .. | .. | .. | .. | .. | .. | .. | .. | 1 |
| (d) <i>Number of cases where investigations led to the appointment of a Receiver by the Court of Protection</i> | .. | .. | .. | .. | .. | .. | .. | .. | 8 |
| (i) Number of cases where a relative was appointed | .. | .. | .. | .. | .. | .. | .. | .. | 5 |
| (ii) Number of cases where my Chief Administrative Assistant was appointed | .. | .. | .. | .. | .. | .. | .. | .. | 3 |

(In three other cases applications are before the Court for the appointment of my Chief Administrative Assistant).

In five cases the persons concerned were in psychiatric hospitals, in one case the person was in a general hospital, and in two cases the persons were living in the community.

Staffing

At the 31st December 1966 a total of 243 staff was employed in the Homes directly administered by the County Council.

Generally the staffing position in the Homes improved during the year and apart from some vacancies for Deputy Matrons for which posts there is a national shortage of good recruits, establishments were mainly up to strength at the end of the year.

I am particularly pleased to be able to report that a greater degree of stability seems to have been achieved in the filling of Matrons' posts since nothing is more disturbing to the residents' sense of security and well-being than frequent changes in the "head of the household."

Mrs. Pywell and Mrs. Taylor, two of the longest serving Matrons retired during the year and took with them the good wishes of everyone.

The appointment of a Homes Officer to which I referred in my report for 1965, has led to an improvement in the co-ordination of the day-to-day administration of the Homes. Matrons are able to find ready help in periods of difficulty and some relief from the problem of finding staff in times of shortage.

Social Work Training and Staff Development Programme

The programme of in-service training for new recruits and unqualified staff continued during the year. The day-release course begun in October, 1965, carried through to June, 1966. In April, 1966 another group began a similar course which is planned to finish in April, 1967. A senior member of the County Women's Police Force and an Education Welfare Officer here joined this new course and again the group has been strengthened and stimulated by the wider view of services which has thus been made possible.

The Chief Education Officer continued to allow the group to meet at Green Park Youth Service Training Centre. Staff from the Children's Department, the hospitals, and other social services gave seminars and single lectures. Visits of observation were made to various institutions including hospitals, a Cheshire Home, a rehabilitation unit and an engineering factory. The group made a small study of residential institutions and six of the staff spent a week in a hospital or old people's home observing residential care. The interest in the courses and the help given by so many people is much appreciated. Once again a debt of gratitude is especially due to the Chief Education Officer and the staff at Green Park Youth Service Training Centre which proved such an ideal centre for the course.

The course covers in general the organisation and provisions of social services with special reference to this local authority. Some teaching on the principles of social work and on understanding society and individual behaviour is given. Much use of discussion is made in the programme as this seems the most appropriate way of teaching a small group. Regular quarterly meetings have been arranged for the senior staff supervising those in the in-service training course to discuss and advise on the programme.

For some of the staff this type of in-service training course will be preliminary to secondment to full-time courses. For others, it will be the only or at least the chief opportunity, apart from practise and field supervision to widen their knowledge and experience. This dual function poses some problems educationally. There could be the danger of anticipating the teaching of a full-time course too much. Obviously one cannot give the new entrant as good a learning experience as he will get on a full-time course. In fact these are two different kinds of learning. For those who will go on to professional training the objective is to dovetail the two into each other. For the rest, the course should provide a basis of knowledge from which they can operate more successfully. For all the staff coming on to these day-release courses the aim should always be to meet the demands for better service to clients and community.

Integration of services means that staff need knowledge and expertise over a wider field. Staff qualified and or well experienced in one speciality will have to learn the characteristics and problems of other specialities. This year the need has been to involve more staff in the mental welfare services where there had been more shortages. Two short courses were arranged for staff whose previous experience has been in the physically handicapped field and who were going to undertake statutory duties under the Mental Health Act. The courses included lectures from psychiatrists both from St. John's Hospital and Borocourt Hospital and both groups were taken round the hospitals. After attending the course, staff began by observing and assisting the experienced mental welfare officers and were gradually brought onto the rota for duty. Consultation and support are available to the

staff for these duties and because of the need to be free at any time to give this, the Senior Mental Welfare Officer and three of the Area Welfare Officers are not allocated any regular tour of duty. It is anticipated that short courses such as these will be arranged from time to time in whatever speciality the need arises.

Any staff development scheme should include suitable programmes for the qualified senior and administrative staff. This group are giving out a tremendous amount in teaching and supervision of younger staff and students and in the development of services. They need to keep in touch with new advances in social work and in community care, sometimes to extend their knowledge into new fields, and often to re-stock their resources. There are many outside courses and conferences available which can be of use to this group and an attempt has been made to use these resources in a planned and constructive way.

The following courses and conferences were attended by staff.

Ten day study course arranged by the Council for Training in Social Work on "Social change and social work."

Two-day conferences arranged by the National Association for Mental Health on "Interprofessional co-operation—and fantasies" and on "New Developments in community care."

Four-day conference on "Subnormality today" arranged by Leavesden Hospital.

Ten-day summer School of the Institute of Medical Social Workers.

One week refresher course for mental health workers arranged by the University of Bristol.

Staff also attended professional conferences and other shorter seminars and evening courses arranged by the University of London Extra-mural Department, the National Institute for Social Work Training and other bodies.

The Health Committee also gave Miss Gloyne the social work training officer permission to attend the 13th International Conference of Social Work in Washington, U.S.A. on "Urban development—implications for Social Welfare." Miss Gloyne found this was a fascinating and stimulating experience with opportunity to make new contacts with social workers abroad as well as renew old ones. It was interesting to note how many of the problems of social welfare are repeated in different contexts throughout the world. She considers that we can feel proud of the achievements of the social services of the United Kingdom in general and of the standard of this County in particular.

The demand for opportunities for field work training for social work students continued. During the year nine students came to the department for field work training and a further six had short term placement for the observation of services. Six nursing students from St. John's Hospital also spent a fortnight each in the department. Of the two social work students came from the Certificate in Social Work Course at High Wycombe College of Technology and Art (the six students for observation were also from the same course) two from the Institute of Medical Social Workers Course and five from University Science Courses.

Re-organisation of Social Work Services

In October, 1965, the County Health Committee approved a new structure for the personal social services of the Department and this came into force on 1st April, 1966.

Difficulties in recruiting field workers, both qualified social workers and trainees, of the required calibre, the need to offer a career structure and the anomalies between staff qualifications, services given and salaries in the different sections of the personal services all combined to make it desirable to integrate the field workers into a more homogeneous group. Over the years the sections had grown at different rates. They had acquired different administrative practices, used separate statistics, and staffing had been unevenly distributed between them. Contact and co-operation at field level as indeed elsewhere was good but the administrative framework did not make as effective a channel for co-ordination and communication as is desirable. Families and individual patients often have multiple problems and handicaps. They need the resources of more than one section. Social workers and social administrators have, in recent years, become more aware that in personal services the emphasis should be on the individual and the total situation. Integration of the different services should go a long way towards the goal of offering more comprehensive and complementary social help.

It was decided to group field workers from the mental health service and the welfare services for the aged and homeless, the home teachers for the blind, and the medical social workers who had had responsibility for the general classes of physically handicapped as well as general medical social work for other sick persons, into area teams in each of the four health areas under an Area Welfare Officer, with Deputy Area Welfare Officers in the two large areas. The basic idea behind the organisation was

to increase the decentralisation of responsibility for day to day personal services to the areas, by replacing the vertical structure of the different sections responsible for services by a primarily horizontal one. While it is recognised that some specialization will be necessary and desirable, it is planned that field workers should carry mixed case loads as much as possible, bearing in mind that many cases have multiple problems and have already been known to more than one of the different services. The function of the Area Welfare Officer is seen as leader of a team, able to take an overall view of the needs of his area and the case loads of the field workers and to deploy scarce resources (both qualified social workers and staff in general) in the most economical way.

The scheme has now been working for nine months. For all the staff it has been a question of feeling one's way and blending different working and administrative methods into a cohesive whole. Some areas have moved quicker than others; some have had much greater difficulties in co-ordinating because of separate offices; everyone has had a great deal to learn about each other's particular services. Patience and forbearance have been much needed qualities. Specialisation within the teams has continued to some extent, although more workers are now carrying mixed loads and the senior qualified social workers are supervising staff over a wider area.

A working party of representatives from each area was set up to work out a scheme for area indexes, for a single pattern for case records and for joint statistics. The new indexes and statistical records came into use on 1st January, 1967 and as the old stocks of stationery are used up the new case records will be begun gradually.

It is too early to say how the scheme will finally emerge. The whole operation has been complicated by the rapidly expanding population and steadily increasing demands for social work services. The areas have always had distinctive characteristics. It is hoped that greater unity of focus and pattern will be accompanied by individuality and enterprise in the areas as the teams develop their joint services to meet the needs of their own part of the County.

Recruitment

Recruitment has continued to be a difficult problem in view of the national shortage of social workers. But substantial gains have been made. In August, 1965 when the scheme was first presented to the County Health Committee there were 11 vacancies in all among the sections whose work was to be combined in the new scheme. At the time of writing this report there are now only two vacancies for social workers and three for Home Teachers of the Blind, in spite of the fact that during 1966 6 social workers and three home teachers resigned from the Staff.

The staff recruited during the year are divided as follows:—

| | | | | | | | | | | |
|---|----|----|----|----|----|----|----|----|----|---|
| Staff with professional social work qualifications | .. | .. | .. | .. | .. | .. | .. | .. | .. | 4 |
| Home Teachers for the Blind | .. | .. | .. | .. | .. | .. | .. | .. | .. | 3 |
| Staff without professional social work qualifications but with some experience or other qualification | .. | .. | .. | .. | .. | .. | .. | .. | .. | 4 |
| Trainees | .. | .. | .. | .. | .. | .. | .. | .. | .. | 3 |

Resignations

| | | | | | | | | | | |
|--|----|----|----|----|----|----|----|----|----|---|
| Staff with professional social work qualifications | .. | .. | .. | .. | .. | .. | .. | .. | .. | 3 |
| Home Teachers for the Blind | .. | .. | .. | .. | .. | .. | .. | .. | .. | 3 |
| Staff without professional social work qualifications but with some experience or other qualifications | .. | .. | .. | .. | .. | .. | .. | .. | .. | 3 |

Recruitment of staff with the certificate of the College of Teachers of the Blind has become more difficult possibly due to the changing climate of opinion about the role of the home teacher in the service for the blind.

Secondment

The Committee's policy of secondment of suitable staff to full-time qualifying social work courses continued. During the year two staff returned from secondment having gained the certificate in social work and three went off to full-time courses. Three who were seconded in 1965 have been continuing full-time studies satisfactorily and will return in July, 1967.

The mid-1960's are outstandingly a period of rapid change and development in the social services and in the training and professional alignment of social workers. They are stimulating and exciting years to be working in but they also bring the stress and pressures which always accompany change. The programme for staff development reported on elsewhere has an important part to play in this period of change. It not only provides initial in-service training for unqualified staff but also helps to support the senior qualified staff with courses to meet the new demands which fall particularly heavily on them. Staff development needs to be seen in the context of national policy and the possible future developments in social work organisation.

WELFARE OF THE HANDICAPPED

Work of the Social Workers

A total of 1,556 new cases were referred to the social workers during the year under review, this total being 282 more than the total for 1965. In addition, 1,174 cases referred in previous years were carried forward making the total number of patients helped 2,730 which was 540 more than the figure for the previous year.

The sources of referral of the new cases were as follows:—

| | |
|--|-----|
| Hospital | 238 |
| Chest Clinic | 97 |
| Other public health and welfare staff .. | 368 |
| Private doctors | 322 |
| Outside agencies | 151 |
| Relatives or friends | 206 |
| Other | 174 |

It may be of interest to note that there was an increase in the number of cases referred by " other public health and welfare staff." This seems to be the trend that could be expected following the extension of the scheme for the secondment of health visitors to general medical practices since some family doctors will take the opportunity of referring cases to the social workers through the health visitors, thus avoiding unnecessary clerical work on their part.

The referrals by outside agencies nearly doubled during the year; a total of 151 cases were referred during 1966 compared with 87 for the previous year.

The following table shows the categories of social work problems presented by these cases and emphasises that the largest single group of persons referred for help was that of the substantially and permanently handicapped:—

| | |
|--|-----|
| Substantially and permanently handicapped | 793 |
| Short term illness and/or terminal care .. | 82 |
| Long term illness | 372 |
| Geriatric | 504 |
| Family or social problems | 245 |
| Tuberculosis | 72 |
| Mental illness | 279 |
| Confusion | 18 |
| Other | 148 |

The number of severely and permanently handicapped cases helped during 1966 was 88 less than the total for the previous year but the majority of them required continuous and concentrated help to make it possible for them to remain in the community in the care of their families. Many of the patients in this particular group suffer from progressive crippling illnesses and their continuous need for help makes it imperative that periodic relief is provided for their families. Close liaison with the Geriatric Unit at Stoke Mandeville Hospital made it possible to provide this service for the elderly severely handicapped but the absence of similar facilities for the middle-aged or young chronic sick in the County meant that the service required had to be provided by the use of accommodation away from the family and friends.

Holidays for the Handicapped

During 1966 group holidays were arranged for two parties of handicapped persons; one went to the Holiday Camp at Caister and the second to Gorleston. In addition, other independent or family holidays were arranged for the handicapped and the aged.

These holidays were very successful and appreciated by both the patients and their relatives.

Convalescence

There was a decrease in the total number of patients referred during the year to social workers for convalescence, the total of 176 being 43 less than the total for 1965. The majority of the patients were accepted under the County Council's scheme for convalescence and went to homes for periods of two to four weeks.

Medical Loan Equipment/Alterations to Premises

There was an increased demand during the year for the issue on loan and free of charge of medical loan equipment. In addition a wide variety of "aids to daily living" were provided with the assistance of the occupational therapists who pay domiciliary visits to the house-bound.

In all 51 alterations were carried out at the homes of the handicapped; the majority of these being to allow wheelchair patients access to their homes by the provision of ramps and wider doors. Suitable lifting apparatus was also supplied to those being nursed at home.

Venereal Disease

A social work service continued to be offered during 1966 to patients attending either of the two special clinics in Buckinghamshire.

In providing this particular service it was found that whilst there is a need for educational and preventative work the social worker is mainly carrying out her normal duties, that is, helping those patients attending the venereal diseases clinic who have social problems associated with and resulting from their illness.

Care Committees

The Care Committees which met quarterly during the year gave a wide range of material help, which could not be provided through statutory services, to families. This help included financial assistance for families who had got into debt due to prolonged illness and for relatives who incurred expenditure in visiting patients in hospital and a "sitter-in" service to allow temporary relief for relatives caring for aged sick parents. ¶

Occupational Therapy

Once more the number of patients referred for treatment during the year has increased, 158 as opposed to 136 in 1965, bringing the total number of patients on treatments to 564. There were 115 discharges, 23 of whom were fit to return to employment or household duties, 51 died or moved out of the district, 20 proved unsuitable for treatment or became too ill to continue and 21 were admitted to old people's homes, hospitals and adult training centres. These figures tell their own story, namely, that the trend in recent years has been towards the acceptance for treatment at least for a trial period of a greater number of seriously handicapped people. It is always justifiable to try occupational therapy on borderline cases because of the difficulty in predicting the response to treatment without a period of careful assessment.

An interesting development has been the number of cases referred for advice on aids to daily living. This does not only involve the provision of suitable gadgets to help the handicapped person to carry out specific functions but a study of all purposeful activities during the day and devising ways and means of making these less difficult and thereby decreasing the patient's dependence on others. There were 31 cases referred by hospitals and social workers for this service.

The number of home visits by the occupational therapists was 10,321, a reduction on last year's figure of 11,400 and due to a staff shortage in North Bucks for the latter months of the year. This new centre was accommodated in the Red Cross Hut, Great Missenden, and was open on Tuesdays and Thursdays, having an attendance of 10 patients at the end of the year. Help came from many sources, but in particular from Gerhardy Bros., Ltd. who supplied outwork and the W.V.S. who supplied lunches through the Meals on Wheels Service.

The Aylesbury Workshop had a total of 74 patients and was working to full capacity. More seriously disabled people were able to attend because of the increased use of transport. There was a reduction in the amount of outwork available towards the end of the year, reflecting the period of financial restraint and its effect on production and employment. This is, of course, a source of anxiety for all the work centres in the County.

The Bletchley Work Centre, which opened in its new premises during 1965, accepted a further 18 cases, making a total of 38 attending. Of these, two were discharged to take up work at home and three died. Arrangements were made for the Bletchley Disabled Persons Club to have the use of the premises, with its much more adequate facilities.

The Slough Centre has also had an active year. The average daily attendance was 20 and the total number of patients treated was 61. It was possible for eight patients to return to work. It was felt that a number of patients in Slough who were having domiciliary occupational therapy, could attend this centre if it was possible to extend the use of transport.

Although there will always be a certain percentage of patients who could not attend a centre, nevertheless the need for centres, particularly in more densely populated areas such as High Wycombe, is acute. Doctors and therapists are agreed on the immense physical and psychological stimulus of attending regularly and not only does it benefit the patient but it is also a great relief to the families of the patients concerned.

Old persons homes in the County were visited on 523 occasions. This side of the work increases as new homes are opened. The Disabled Mens' Club in Slough continued to have fortnightly visits by an occupational therapist for instruction in craft work.

Although the weather proved a handicap to the sale of patients' goods at the County Show, the annual sale at the County offices was very well supported by staff and others.

Distribution of Car Badges for Disabled Drivers

There was an appreciable increase in the number of new applications for car badges received during the year, the total of 49 being almost double the total for the previous year.

In all 273 handicapped people have now been issued with badges since the scheme started.

The badges are valid for three years from the date of issue.

WELFARE OF THE BLIND

Registration

The number of registered blind persons on the 31st December, 1966, was 872. During the year under review, 105 new cases were registered and there were 24 inward transfers. Removals from the register owing to death, persons leaving the County, etc., totalled 78.

Blind Population

The ages of the blind population in the County at the end of the year are shown in the following table.

| 0 | 1 | 2 | 3 | 4 | 5-10 | 11-15 | 16-20 | 21-29 | 30-39 | 40-49 | 50-59 | 60-64 | 65-69 | 70-79 | 80-84 | 85-89 | 90 & over | Age N.K. | Total |
|---|---|---|---|---|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----------|----------|-------|
| — | — | 1 | 1 | 1 | 10 | 12 | 21 | 16 | 26 | 49 | 73 | 49 | 65 | 201 | 140 | 126 | 81 | — | 872 |

Register of Partially Sighted Persons

The number of partially sighted persons on the register at the 31st December, 1966, was 386, the age classification in the form required by the Ministry of Health being as follows:—

| 0-1 | 2-4 | 5-15 | 16-20 | 21-49 | 50-64 | 65 and over | Total |
|-----|-----|------|-------|-------|-------|-------------|-------|
| — | — | 22 | 16 | 48 | 55 | 245 | 386 |

The number on the register at the end of the previous year was 369.

Observation Register

During the year under review one new case was added to the register and two persons were certified as partially-sighted. At the 31st December, 1966 there were 36 cases under observation.

Incidents of Blindness and Partial Sight

The following table gives particulars of the 105 blind and 64 partially sighted persons registered during the year:—

| | Cause of Disability | | | | | |
|--|---------------------|-------------------|----------|-------------------|--------|-------------------|
| | Cataract | | Glaucoma | | Others | |
| | Blind | Partially Sighted | Blind | Partially Sighted | Blind | Partially Sighted |
| (1) Number of persons registered during the year | 17 | 11 | 9 | 11 | 79 | 42 |
| (2) Number of cases where treatment was recommended | 13 | 11 | 7 | 11 | 29 | 39 |
| (3) Number of cases at (2) above which on follow up received treatment | 7 | 4 | 4 | 4 | 17 | 27 |

Ophthalmia Neonatorum

No cases of ophthalmia neonatorum were notified during the year.

Employment

(i) Home Workers

The Royal London Society for the Blind continued to operate the Home Workers Scheme as agents for the Council and in addition, one braille copyist was employed by arrangement with the National Library for the Blind. At the end of the year there were 10 blind persons in Class A of the Society's Scheme and four in Class B as follows:—

| CLASS A | | | | | CLASS B | | | | |
|--------------------------|---|--------------------------------|---|--|---------|--|--|--|--|
| Basket makers | 2 | Basket makers | 2 | | | | | | |
| Music Teacher | 1 | Hand Knitter | 1 | | | | | | |
| Machine Knitters | 4 | Assembly, Leather and Seagrass | | | | | | | |
| Piano Tuners | 3 | Worker | 1 | | | | | | |

(ii) Workshop Employees

One female machine knitter and one male capstan operator from this County were employed in the London Workshops of the Royal London Society for the Blind. In addition, one blind man was employed in the soap department at the Luton Workshop of the Association for the General Welfare of the Blind, and one blind female as a bedding machinist in the Association's London Workshop. A blind basket maker was employed in the Workshop for the Disabled, at Portsmouth and one partially sighted male mat-maker was employed in the Workshop of the Royal School for the Blind at Leatherhead.

Other Employment

At the end of the year, 91 registered blind persons were employed and the following table gives details of their employment:—

| | | | | | | | |
|---|----|----|---|---|----|----|--|
| <i>Professional, Administrative and Executive Workers</i> | | | | <i>Craftsmen, Production Workers, Labourers</i> | | | |
| Youth Leader | .. | .. | 1 | Machine tool operators | .. | 14 | |
| Proprietor and Executives | .. | 3 | | Fitters and Assemblers | .. | 3 | |
| Musicians (including music teachers) | 2 | | | Inspectors | .. | 3 | |
| <i>Clerical Workers</i> | | | | Packers | .. | 8 | |
| Shorthand typists | .. | 6 | | Storekeepers | .. | 1 | |
| Telephone operators | .. | 5 | | Upholsterers | .. | 5 | |
| <i>Sale Workers</i> | | | | Basket Makers | .. | 6 | |
| Working proprietor | .. | 1 | | Process Workers | .. | 14 | |
| Representative | .. | 1 | | Labourers | .. | 6 | |
| Shop Assistant | .. | 1 | | <i>Service Workers</i> | | | |
| <i>Animal Husbandry</i> | | | | Domestic Workers | .. | 5 | |
| Poultry keepers | .. | 2 | | Laundry Workers | .. | 2 | |
| | | | | Miscellaneous Workers | .. | 2 | |

Placement Service

The Royal National Institute for the Blind has undertaken the placement of suitable blind persons in commercial appointments. All other appointments remain the responsibility of the Ministry of Labour. Blind people seeking employment were referred to the appropriate agency and close liaison maintained with the placement officers whose services and help continued to be widely used.

Home Teaching Service (Social Welfare Officers of the Blind)

The following is a summary of the work carried out through this service during the year:—

| | | | | |
|---|----|----|----|-------|
| Total Number of Visits | .. | .. | .. | 8,419 |
| Visits to give instruction in the subjects shown were made as follows:— | | | | |
| Braille | .. | .. | .. | 66 |
| Moon | .. | .. | .. | 16 |
| Handicrafts | .. | .. | .. | 146 |

The Social Welfare Officers of the Blind made 8,191 visits dealing with the social welfare of the blind and general administration.

Great difficulty was experienced during the year in maintaining the service due to a national shortage of qualified workers in blind welfare. Volunteers and in particular members of the Bucks Association for the Blind were increasingly active in this emergency in order that the support the blind require could be maintained.

General Social Welfare

The general social welfare of blind persons in the County was undertaken by the Buckinghamshire Association of the Blind through its six Divisional Committees, Social Clubs for the blind continued to be held at Aylesbury, Buckingham, Chesham, High Wycombe, Slough and Wolverton. These clubs were extremely popular with blind people. The Association made grants to cover a wide range of comforts and needs including Talking Books. The Talking Book service which becomes more widely used annually was provided to a further 39 blind people during the year.

The Association continued to act as agents for the British Wireless for the Blind Fund, and also arranged with transport authorities, the distribution of concession tickets for use on public service vehicles. Handicraft materials were supplied at considerably reduced prices and many kinds of specially adapted games and blind aids made available. Braille wrist watches, pocket watches and alarm clocks have been supplied on free loan to blind persons who require them.

Day trips to the seaside and other places of interest were frequently arranged during the year and were greatly enjoyed by those taking part. Sixty blind people benefited from group holidays at Clacton-on-Sea where they stayed a fortnight with Home Teachers and voluntary workers acting as guides. Many individual holidays were also arranged.

Craft exhibitions and sales of work were again held by the Association at the County Show. In November, a retail shop, staffed by voluntary workers was opened in Aylesbury for the sale of articles made by the blind people of the County. This venture should not only provide an incentive to the blind and a useful market for products, but also encourage the public to take an increasing interest in blind welfare.

Many of these activities depend entirely for their success on the efforts of voluntary workers and their contribution to the welfare of the blind in Buckinghamshire is very much appreciated.

The Katharine Knapp Home for the Blind

During the year it was difficult to recruit experienced staff to provide the high standard of care required by the elderly blind provided with accommodation at this Home. In the circumstances it was decided that the concentrated problem should be eased by the admission of a proportion of elderly sighted patients.

This has gone some way towards the solution of the problem but it has been accepted that the Home cannot be considered suitable for providing for the care of the elderly and handicapped unless a great deal of alteration and re-building is carried out.

In addition, the recruitment and retention of good staff depends to a large extent on the provision of suitable living accommodation and in this respect this Home is deficient.

DEAF PERSONS

The Oxford Diocesan Council for the Deaf are the County Council's agents for the care of the deaf.

The Diocesan Council employ a Chaplain, four Missioners and two Lady Workers who visit the deaf, help them to find employment, arrange religious services and organise holidays, clubs, sports etc.

There are Friends of the Deaf Associations at Aylesbury and Slough and there are social clubs at Aylesbury, High Wycombe and Slough.

A room at the Pebble Lane Clinic, Aylesbury, provided by the County Council is now being used by a missioner as an office and other rooms at the clinic are used by the deaf for social events when they are not required for County Council purposes.

The number of persons on the deaf register decreased by four during the year and at 31st December, 1966 was as follows:—

| | | | | | | MALES | FEMALES | TOTAL |
|---------------------|----|----|----|----|----|-----------|-----------|-----------|
| Children under 16 | .. | .. | .. | .. | .. | 37 | 27 | 64 |
| Persons 16—29 | .. | .. | .. | .. | .. | 46 | 22 | 68 |
| Persons 30—49 | .. | .. | .. | .. | .. | 39 | 27 | 66 |
| Persons 50—64 | .. | .. | .. | .. | .. | 26 | 31 | 57 |
| Persons 65 and over | .. | .. | .. | .. | .. | 17 | 29 | 46 |
| | | | | | | <hr/> 165 | <hr/> 136 | <hr/> 301 |

The Hard of Hearing Club at High Wycombe continues with its very useful work and still receives financial help from the Council.

SECTION D.—SANITARY CIRCUMSTANCES OF THE AREA

1. Water Supply

The Engineer of the Bucks Water Board has kindly supplied the following information:—

“ During the year ended 31st March, 1966, the following quantities of water were pumped from the Board's various sources:—

Chalk Sources

| | | | | | | |
|---------------|----|----|----|----|--------------------|----------------------|
| Bourne End | .. | .. | .. | .. | 307,717,000 galls. | |
| Dancers End | .. | .. | .. | .. | 57,482,000 galls. | |
| Hampden | .. | .. | .. | .. | 322,766,000 galls. | |
| Hawridge | .. | .. | .. | .. | 433,507,000 galls. | |
| Marlow | .. | .. | .. | .. | 311,698,000 galls. | |
| Mill End | .. | .. | .. | .. | 931,857,000 galls. | |
| New Ground | .. | .. | .. | .. | 504,315,000 galls. | |
| Pan Mill | .. | .. | .. | .. | 900,716,000 galls. | |
| Radnage | .. | .. | .. | .. | 81,276,000 galls. | |
| Wendover Dean | .. | .. | .. | .. | 366,738,000 galls. | |
| | | | | | <hr/> | 4,218,072,000 galls. |

Greensand Sources

| | | | | | | |
|----------------------|----|----|----|----|--------------------|--------------------|
| Battlesden | .. | .. | .. | .. | 309,393,000 galls. | |
| Sandhouse, Bletchley | .. | .. | .. | .. | 276,642,000 galls. | |
| | | | | | <hr/> | 586,035,000 galls. |

River Source

| | | | | | | |
|---------|----|----|----|----|--------------------|--------------------|
| Foxcote | .. | .. | .. | .. | 634,681,000 galls. | 634,681,000 galls. |
|---------|----|----|----|----|--------------------|--------------------|

Other Sources

| | | | | | | |
|---|----|----|----|----|-------------------|--------------------|
| Ash Hill | .. | .. | .. | .. | 32,071,000 galls. | |
| Brackley | .. | .. | .. | .. | 29,761,000 galls. | |
| Stony Stratford | .. | .. | .. | .. | 33,690,000 galls. | |
| Weston Underwood | .. | .. | .. | .. | 36,277,000 galls. | |
| Wycombe Rural Area (Princes Risborough) | | | | | 68,123,000 galls. | |
| | | | | | <hr/> | 199,922,000 galls. |

| | | | | | | |
|-------------------------------|----|----|--|--|--|----------------------|
| Total pumped from all sources | .. | .. | | | | 5,638,710,000 galls. |
|-------------------------------|----|----|--|--|--|----------------------|

Add Bulk Supplies from:

| | | | | | | |
|---|----|----|----|----|--------------------|----------------------|
| Birchmoor Source of Birchmoor Water Committee | .. | .. | .. | .. | 189,375,000 galls. | |
| Rickmansworth Water Company (at Hazelmere) | .. | .. | .. | .. | 136,000 galls. | |
| | | | | | <hr/> | 189,511,000 galls. |
| | | | | | | <hr/> |
| | | | | | | 5,828,221,000 galls. |

The above total quantity can be divided into:—

| | | | | | | |
|-----------------------------------|----|----|----|----|----------------------|----------------------|
| Supplied within the Board's area | .. | .. | .. | .. | 5,534,554,000 galls. | |
| Supplied outside the Board's area | .. | .. | .. | .. | 293,667,000 galls. | |
| | | | | | <hr/> | 5,828,221,000 galls. |

The total quantity of water supplied by the Board during the year was, therefore, 5,828,221,000 gallons or an average daily quantity throughout the year of 15,967,000 gallons.

Of the 5,534,554,000 gallons supplied within the Board's area, an analysis can be made as follows:—

| | | | | | | |
|---|----|----|----|----|----|---------------|
| Metered Consumption (to Agriculture, Trade and Service Departments) | .. | .. | .. | .. | .. | 1,941,465,000 |
| Unmetered Consumption | .. | .. | .. | .. | .. | 3,593,089,000 |
| | | | | | | <hr/> |
| Total gallons | .. | .. | .. | .. | .. | 5,534,554,000 |

During the year further work has been carried out to harness the source at Bourne End near Marlow. The Bourne End source has now become one of the Board's major chalk sources and powers of abstraction up to five million gallons per day have been obtained.

Work has commenced upon the re-equipping of another major chalk source of the Board at Pann Mill in the centre of High Wycombe.

During the year the Board have proved their site at Medmenham in the Thames Valley. A trial borehole was put down on this site in 1955 and recently four more boreholes have been sunk and developed. In October, 1966 the boreholes were collectively tested and yielded 10 million gallons per day. This satisfactory test means that the Board have proved the site which in a few years time will be developed and become an essential part of the water supplies for the southern and central parts of the Board's area.

Negotiations have been completed with the Great Ouse Water Authority whereby the Board may take a temporary supply of up to five million gallons per day from the Authority's new works at Grafham Water (Diddington Reservoir). This water will be taken from the Authority's service reservoir at Ampthill and a 30 in. diameter trunk main is now being laid westwards across North Bedfordshire to enter North Buckinghamshire at Woburn Sands.

During the year nearly 60 miles of main have been laid to meet the continual rise in demand from new development and from the increasing requirements of the existing population.

Due to the restrictions imposed in 1965 and the co-operation afforded by consumers, there was in 1965 and the early part of 1966 a reduction in demand but during the latter part of 1966 the trend of upward demand has been resumed.

Samples of water from consumers' taps and from various sources were collected regularly during the year. The results of these samples indicated that the water supplied by the Board conforms to the high standard of that required from any public supply authority.

2. Water Supplies and Sewerage Acts, 1944—1961

The Ministry of Housing and Local Government and the County Council continue to make grants towards the cost of approved schemes of piped water supply and main drainage in the rural area of the County. Details of all these schemes are first submitted to the County Council, whose observations are then forwarded to the Ministry.

On 31st December, 1966, the position was as follows:—

| | £ |
|---|-------------------|
| 45 Schemes of Water Supply (45 schemes completed) | 1,574,145 |
| 118 Schemes of Main Drainage (113 schemes completed and 5 schemes under construction) .. | 7,239,429 |
| Total | <u>£8,813,574</u> |

SCHEMES OF WATER SUPPLY

Fifty-eight schemes of water supply have been submitted, and at 31st December, 1966, the following forty-five schemes had reached the stage shown below:—

PROGRESS REPORT TO 31st DECEMBER, 1966

| Local Authority | Scheme | Total Estimated Cost | Percentage of Scheme Completed |
|---------------------------|--|----------------------|--------------------------------|
| | | £ | % |
| Amersham R.D.C. | Ashley Green } | 1,667 | 100 |
| | Chartridge } | | |
| | Cholesbury } | | |
| | Coleshill (Amended) | 100 | 100 |
| | Chalfont St. Giles | 570 | 100 |
| | Great and Little Missenden | 2,785 | 100 |
| | Latimer | 460 | 100 |
| Aylesbury R.D.C. | Penn | 370 | 100 |
| | Haddenham | 105 | 100 |
| | Wellwick | 650 | 100 |
| Bucks Water Board | Mid Bucks | 1,266,000 | 100 |
| | Adstock—Back Street | 344 | 100 |
| | Bledlow—North Mill | 1,120 | 100 |
| | Brill | 400 | 100 |
| | Gt. Horwood—Park Hill Farm | 1,300 | 100 |
| | Gt. Horwood—Windmill Farm | 1,600 | 100 |
| | Horsenden | 2,300 | 100 |
| | Ilmer—Thame Road | 970 | 100 |
| | Little Linford Lane | 445 | 100 |
| | Long Crendon—Thame Road | 1,955 | 100 |
| | Lower Hartwell | 790 | 100 |
| | Lower Winchendon—Barrack Hill | 1,770 | 100 |
| | Lower Winchendon—Marsh Farm | 560 | 100 |
| | Nash—Brakes Farm | 1,906 | 100 |
| | Quainton—Shipton Lee Estate | 2,040 | 100 |
| | Stoke Goldington—Purse Lane | 600 | 100 |
| Buckingham R.D.C. | Buffler's Holt | 650 | 100 |
| | East Claydon } | | |
| | Middle Claydon } | 1,902 | 100 |
| Eton R.D.C. | Burnham Littleworth Common | 439 | 100 |
| | Datchet Ditton Park Road | 897 | 100 |
| | Dorney Boveney | 1,760 | 100 |
| | Dorney Lake End | 198 | 100 |
| | Iver Mansion Lane | 900 | 100 |
| | Iver Heath Aldebourne Lane | 485 | 100 |
| | Taplow | 10,066 | 100 |
| | Taplow—Amerden area | 4,380 | 100 |
| | Wraysbury Main Scheme | 55,797 | 100 |
| | Nursery Lane | 360 | 100 |
| Newport Pagnell R.D.C. .. | Staines Road | 3,800 | 100 |
| | Birchmoor (Newport R.D.C. share) | 31,794 | 100 |
| | East End, North Crawley | 4,000 | 100 |
| | Great Linford—Part 1 | 2,330 | 100 |
| | —Part 2 | 4,370 | 100 |
| | Northern Areas Water Supply | 17,450 | 100 |
| | Moulsoe Link Main | 4,000 | 100 |
| | Regional Water Supply Scheme— (a) Main Laying | 130,760 | 100 |
| | (b) Reservoir | 7,000 | 100 |
| TOTAL | | £1,574,145 | |

Fluoridation of Water Supplies

I referred in my annual report for 1965 to the fact that the County Council agreed in principle in 1963 to the making of arrangements with local water undertakers for the addition of fluoride to water supplies in the County which were deficient in it naturally. There are practical difficulties in the making of these arrangements with the water undertakers concerned, due to the dependence of local health authority areas on common sources of supply.

Following receipt of the Ministry of Health Circular No. 15/65 the Clerk of the County Council approached the various water undertakers serving the County to find out if they would be willing to institute the fluoridation of their water supplies.

At the end of the year under review all the water undertakers were considering the question as a result of that approach and the possibility of making suitable arrangements will continue to be pursued.

MAIN DRAINAGE SCHEMES

Of the 142 main drainage schemes submitted by Rural District Councils, the following 118 schemes had, on the 31st December, 1966, reached the stage shown below:—

PROGRESS REPORT TO 31st DECEMBER, 1966

| Local Authority | Scheme | Total Estimated Cost | Percentage of Scheme Completed |
|---------------------------|---|----------------------|--------------------------------|
| | | £ | % |
| Amersham R.D.C. | Ashley Green (Two Dells Lane) | 1,658 | 100 |
| | Chalfont St. Giles (Lodge Lane) | 6,750 | 100 |
| | Chalfont St. Giles (Gorelands Lane) | | |
| | Chalfont St. Peter (London Road) | 4,875 | 100 |
| | Chalfont St. Giles (Burton's Lane) | 31,865 | 100 |
| | Chalfont St. Giles (Mill Lane) | 19,838 | 75 |
| | Chalfont St. Peter (Chalfont Heights) | 36,725 | 100 |
| | Chartridge (Stage 1) | 5,600 | 100 |
| | Chenies | 25,605 | 100 |
| | Chesham Bois (Holloway Lane) | 3,615 | 100 |
| | Coleshill | 4,275 | 100 |
| | Gt. Missenden (Cockpit Hole) | 10,100 | 100 |
| | Holmer Green | 85,250 | 100 |
| | Holmer Green (Penfold Lane) | 4,093 | 100 |
| | Little Chalfont (Stages 1, 2, 3) | 63,859 | 100 |
| | Little Chalfont | 98,580 | 90 |
| | Little Kingshill (Hare Lane) | 4,034 | 100 |
| | Link Sewer | 33,021 | 100 |
| | Newbarn Lane and Three households | 21,600 | 100 |
| | Penn | 25,585 | 100 |
| | Prestwood | 106,000 | 100 |
| | Relief Sewer | 12,500 | 100 |
| | Kiln Road, Prestwood | 12,280 | 100 |
| | Seer Green and Jordans | 157,180 | 100 |
| Aylesbury R.D.C. | Chilton | 17,539 | 100 |
| | Cuddington | 58,378 | 100 |
| | Dinton | 20,000 | 100 |
| | Grendon Underwood | 56,000 | 100 |
| | Hardwick and Weedon | 69,850 | 100 |
| | Long Crendon (Lower End) | 43,500 | 100 |
| | Oakley | 41,200 | 100 |
| | Quainton | 41,070 | 100 |
| | Shabbington | 13,790 | 100 |
| | Stone | 15,400 | 100 |
| | Stoke Mandeville | 36,500 | 100 |
| | Upper Winchendon | 4,020 | 100 |
| | Westcott | 8,200 | 100 |
| | Wendover | 29,450 | 100 |
| | Worminghall and Ickford | 42,903 | 100 |
| Buckingham R.D.C. | Adstock and Padbury | 73,500 | 100 |
| | Akeley | 33,000 | 100 |
| | Charndon and Calvert | 76,000 | 90 |
| | Maids Moreton | 31,000 | 100 |
| | Marsh Gibbon | 30,500 | 100 |
| | Tingewick | 20,900 | 100 |
| | Thornborough | 35,500 | 100 |
| | Twyford | 53,000 | 100 |
| Eton R.D.C. | Burnham, Taplow and Dorney (Stage 1) | 410,500 | 100 |
| | Burnham (Dropmore Road) | 6,553 | 100 |
| | Burnham (Linkwood Road) | 13,200 | 100 |
| | Denham (Wyatts Covert) | 1,980 | 100 |
| | Denham—Stage 1 | 231,843 | 100 |
| | Denham—Stage 2 | 35,308 | 100 |
| | Denham—Stage 3 | 65,350 | 100 |
| | Denham—Stage 4 | 42,500 | 100 |
| | East Burnham (Crown Lane) | 42,990 | 100 |
| | Farnham Royal | 168,180 | 100 |
| | Horton and Wraysbury (Stage 1) | 91,000 | 100 |
| | Horton and Wraysbury (Stage 2) | 225,926 | 50 |
| | Iver (Iver Lane) | 14,175 | 100 |
| | Iver (Langley Park Road) | 169 | 100 |
| | Iver (North) | 54,910 | 100 |
| | Iver (Thorney Lane) | 8,280 | 100 |
| | Iver (Wood Lane) | 5,415 | 100 |
| | Middle Green | 26,270 | 100 |
| | Stoke Poges and Wexham | | |
| | Stage 1 & 2 | 507,748 | 100 |
| | Stage 3 | | 100 |
| | Stage 4 | | 100 |
| | Taplow (Amerden Close) | 800 | 100 |
| | Wexham (Church Lane) | 420 | 100 |

| Local Authority | Scheme | Total Estimated Cost | Percentage of Scheme Completed |
|---------------------------|--|----------------------|--------------------------------|
| | | £ | % |
| Newport Pagnell R.D.C. .. | Birchmoor (Newport R.D.C. share) .. | 29,724 | 100 |
| | Bow Brickhill | 20,030 | 100 |
| | Bradwell | 11,516 | 100 |
| | Castlethorpe | 37,550 | 100 |
| | Chicheley | 17,500 | 100 |
| | Emberton | 24,900 | 100 |
| | Hanslope | 64,623 | 100 |
| | Lavendon | 31,560 | 100 |
| | Loughton and Shenley Church End | 82,000 | 100 |
| | North Crawley | 35,000 | 100 |
| | Ravenstone and Stoke Goldington .. | 69,000 | 100 |
| | Wavendon | 31,573 | 100 |
| | Woughton-on-the-Green | 14,500 | 100 |
| Wing R.D.C. | Aston Abbotts | 28,600 | 100 |
| | Cheddington | 12,150 | 100 |
| | Cheddington (Station Road) | 8,700 | 100 |
| | Cublington | 6,070 | 100 |
| | Dagnall | 16,800 | 100 |
| | Great Frickhill | 24,500 | 100 |
| | Great Gap, Ivinghoe | 2,320 | 100 |
| | Horton | 2,280 | 100 |
| | Ivinghoe Aston | 9,650 | 100 |
| | Ledburn | 8,690 | 100 |
| | Littleworth and Burcott | 31,000 | 100 |
| | Marsworth | 17,250 | 100 |
| | Pitstone | 24,150 | 100 |
| | Rowsham | 8,050 | 100 |
| | Slapton (Church Road) | 5,550 | 100 |
| | Soulbury | 30,850 | 100 |
| | Stoke Hammond | 10,305 | 100 |
| | Wingrave—Stage 1 | 23,450 | 100 |
| | Wingrave—Stage 2 | 20,885 | 100 |
| Winslow R.D.C. | Drayton Parslow | 15,800 | 100 |
| | Granborough | 31,000 | 100 |
| | Great and Little Horwood | 29,500 | 100 |
| | North Marston | 20,000 | 100 |
| | Stewkley | 35,000 | 100 |
| | Stewkley (North End) | 5,000 | 100 |
| | Swanbourne and Mursley | 40,000 | 100 |
| | Winslow | 22,200 | 100 |
| Wycombe R.D.C. | Downley | 15,270 | 100 |
| | Great Marlow | 160,307 | 100 |
| | Hambleton | 45,730 | 100 |
| | Hazlemere | 34,280 | 100 |
| | Hedsor and Berghers Hill | 40,150 | 100 |
| | Hughenden Valley | 218,000 | 100 |
| | Longwick and Meadle | 102,943 | 80 |
| | Princes Risborough | 14,175 | 100 |
| | Stokenchurch | 148,743 | 100 |
| | Wooburn Valley | 1,710,000 | 100 |
| | Wooburn Valley (Tylers Green and Penn) | 211,000 | 100 |
| TOTAL .. | | £7,239,429 | |

Twenty-four of the Main Drainage Schemes that have been approved by the County Council had not been started by the end of the year.

3. Housing

The Ministry inaugurated a Five Year Plan of Slum Clearance in 1955 when Housing Authorities were required to submit proposals for dealing with unfit houses within that period. The position in Bucks is summarised below:—

HOUSING AUTHORITIES SLUM CLEARANCE PROPOSALS FOR FIVE YEARS FROM 1955

| Housing Authority | Total number of permanent houses in area at 31.12.55. | Estimated number of unfit houses | ACTION PROPOSED IN FIRST 5 YEARS | | | Total number of houses demolished or closed from 1st January, 1955—30th September, 1966 |
|------------------------|---|----------------------------------|-----------------------------------|---------------------------|---|---|
| | | | Number of houses to be demolished | | | |
| | | | Individual houses | Houses in clearance areas | Total number of houses to be demolished | |
| BOROUGHES | | | | | | |
| Aylesbury | 6,028 | 35 | — | 35 | 35 | 111 |
| Buckingham | 1,364 | 52 | 30 | — | 30 | 27 |
| High Wycombe | 12,650 | 1,408 | 32 | 522 | 554 | 781 |
| Slough | 18,500 | 368 | 14 | 354 | 368 | 554 |
| URBAN DISTRICTS | | | | | | |
| Beaconsfield | 2,520 | 28 | — | 28 | 28 | 26 |
| Bletchley | 3,685 | 106 | 3 | 103 | 106 | 137 |
| Chesham | 4,000 | 137 | 85 | 52 | 137 | 102 |
| Eton | 1,146 | 23 | 7 | 16 | 23 | 49 |
| Marlow | 2,007 | 107 | 6 | 101 | 107 | 194 |
| Newport Pagnell | 1,525 | 63 | 63 | — | 63 | 173 |
| Wolverton | 4,579 | 261 | 19 | 178 | 197 | 215 |
| RURAL DISTRICTS | | | | | | |
| Amersham | 13,000 | 265 | 265 | — | 265 | 277 |
| Aylesbury | 8,681 | 314 | 219 | 95 | 314 | 196 |
| Buckingham | 2,500 | 116 | 14 | 102 | 116 | 141 |
| Eton | 12,994 | 264 | 15 | 249 | 264 | 423 |
| Newport Pagnell | 4,958 | 188 | 100 | — | 100 | 169 |
| Wing | 2,792 | 126 | 116 | 10 | 126 | 188 |
| Winslow | 2,531 | 35 | 20 | 15 | 35 | 74 |
| Wycombe | 12,800 | 430 | 178 | — | 178 | 244 |
| TOTAL .. | 118,260 | 4,326 | 1,186 | 1,860 | 3,046 | 4,081 |

The Ministry's Progress Reports on New Housing are cumulative as from April, 1945. The following table shows the progress made by the Local Authorities in Bucks to 31st December, 1966.

NEW HOUSING—SUMMARY OF PROGRESS TO 31st DECEMBER, 1966

| Local Authorities | PERMANENT HOUSING | | | | Total Permanent Houses Completed |
|-----------------------|--------------------|-----------|--------------------|-----------|----------------------------------|
| | Local Authorities | | Private Builders | | |
| | Under Construction | Completed | Under Construction | Completed | |
| BOROUGHES | | | | | |
| Aylesbury | 160 | 3,634 | 271 | 2,745 | 6,379 |
| Buckingham | 14 | 345 | 18 | 260 | 605 |
| High Wycombe | 487 | 3,561 | 257 | 4,317 | 7,878 |
| Slough | 242 | 5,163 | 188 | 3,519 | 8,682 |
| URBAN DISTRICTS | | | | | |
| Beaconsfield | 42 | 578 | 28 | 1,278 | 1,856 |
| Bletchley | 294 | 3,503 | 127 | 1,673 | 5,176 |
| Chesham | 35 | 995 | 127 | 2,268 | 3,263 |
| Eton | — | 321 | — | 189 | 510 |
| Marlow | 18 | 579 | 89 | 1,566 | 2,145 |
| Newport Pagnell | 37 | 262 | 15 | 483 | 745 |
| Wolverton | 22 | 569 | 56 | 407 | 976 |
| RURAL DISTRICTS | | | | | |
| Amersham | 78 | 2,187 | 653 | 6,134 | 8,321 |
| Aylesbury | 73 | 1,793 | 213 | 2,124 | 3,917 |
| Buckingham | 24 | 434 | 36 | 360 | 794 |
| Eton | 128 | 2,690 | 253 | 4,780 | 7,470 |
| Newport Pagnell | 72 | 633 | 86 | 725 | 1,358 |
| Wing | 54 | 849 | 66 | 538 | 1,387 |
| Winslow | 49 | 486 | 88 | 688 | 1,174 |
| Wycombe | 105 | 2,358 | 150 | 6,772 | 9,130 |
| TOTAL .. | 1,934 | 30,940 | 2,721 | 40,826 | 71,766 |

SECTION E—INSPECTION AND SUPERVISION OF FOOD

Mr. G. L. Davis, the Chief Inspector, submits the following report for 1966:—

(1) Food and Drugs Act (Composition and Quality)

A total of 1,610 samples of food and drugs were taken during the year. 472 of this total were submitted to the Public Analyst who commented adversely upon 30 of them. The samples included:—

Antacid Tablets, Asparagus, Aspirin, Baby Food, Beef Dripping, Beer, Beverages, Biscuits, Brawn, Bread, Breakfast Cereal, Cakes, Cake Icing, Chocolate, Chop Suey, Coffee, Cole Slaw, Condensed Milk, Confectionery, Cooked Meats, Cooking Oil, Cream of Tartar, Crisps, Custard Powder, Dessicated Coconut, Dyspepsia Tablets, Faggots, Fats, Fish Cakes, Fish Paste, Flour, Food Colouring, French Dressing, Fruit, Fruit and Honey Food, Fruit Pie, Garlic Powder, Garlic Salt, Garlic Tablets, Gelatine, Glucose, Ground Almonds, Ground Rice, Herring Roes, Hog Pudding, Honey, Ice Cream, Ice Lolly, Instant Milk, Instant Potato, Instant Whip, Jelly, Lozenges, Macaroni and Beef, Marmalade, Marzipan, Mayonnaise, Meat Pies, Milk, Milk Puddings, Mincemeat, Mint Sauce, Mushroom Cubes, Octopus, Olive Oil, Pancake Mix, Pastry, Peeled Tomatoes, Pepper, Pickles, Pie Fillings, Preserves, Puddings, Rice Salmon Spread, Sauces, Sausages, Shrimps, Soup, Stew and Hot Pot, Stock Tablets, Spirits, Sugar, Tea, Tinned Food Stuffs, Tomato Puree, Vegetables, Vegetarian Foods, Vinegar, Wine, Yeast and Yogurt.

1,138 samples of milk were tested in the Department's laboratory. 1,133 were found to be genuine or to vary but slightly from the standard laid down by the Sale of Milk Regulations. The investigation of the one which was below standard resulted in a prosecution.

155 samples of milk were taken at schools under the Milk-in-Schools Scheme; milk was also sampled at hospitals, children's homes and old persons' homes. All were satisfactory.

The proportion of samples adversely reported upon by the Public Analyst during the last five years has been as follows:—

| | | | | | | |
|------|----|----|----|----|----|--------|
| 1962 | .. | .. | .. | .. | .. | 5.92% |
| 1963 | .. | .. | .. | .. | .. | 4.17% |
| 1964 | .. | .. | .. | .. | .. | 10.70% |
| 1965 | .. | . | .. | .. | .. | 9.96% |
| 1966 | .. | .. | .. | .. | .. | 6.35% |

There were 10 prosecutions during the year. Three concerned loaves of bread which contained respectively wire, a piece of ferrous metal and fibres of hessian. A fruit pie and a packet of pickling spice each contained a cigarette end. A mother discovered glass in a sausage she was serving to a two year old, and a child found wire in a sausage at a school, as did a member of the staff. Cream cakes were unsatisfactory because the filling proved to be imitation cream, the offence being aggravated by the display of four notices advertising the use of genuine cream in the goods sold. The remaining two prosecutions were against dairymen for failing to thoroughly cleanse milk bottles before filling them for sale.

Pesticide Residues in Foodstuffs

The Department is participating in a scheme which has as its aim a systematic enquiry into the extent of the contamination of foodstuffs by organo-chlorine and organo-phosphorous pesticide residues and of metallic residues.

Samples of potatoes, milk, lettuce, cabbage, lard, sugar, custard powder, apples, turnips, bread, honey, cauliflower and onions have been submitted for test and all were found to be free from such contamination.

Liquid Egg Pasteurisation

There are no egg pasteurisation plants in the County.

(2) Food and Drugs Act and Milk and Dairies Regulations—(Wholesomeness)

205 samples of milk, involving 5,197 cows, were taken from farms for guinea pig test to detect the presence of tubercle infection; the same samples were also tested biologically for brucella abortus or brucella melitensis. There were no positive T.B. results but six were infected with brucella. The appropriate District Medical Officers were informed of the infection so that human consumption of the milk in its raw state could be prevented. These samples were also tested for the presence of penicillin and this was confirmed in only one sample; the farmer was warned.

Milk Supplies—Brucella Abortus

| | | | | | |
|----------------------------------|----|----|----|----|-------|
| (i) samples of raw milk examined | .. | .. | .. | .. | 205 |
| (ii) cows involved | .. | .. | .. | .. | 5,197 |
| (iii) positive samples | .. | .. | .. | .. | 6 |

District Medical Officers were informed of these results.

152 samples of pasteurised milk delivered to schools and other County Council establishments were checked and all were satisfactory. Untreated milk supplied to a school and an old persons' home were also satisfactory.

There were 282 samples of pasteurised milk taken from 6 pasteurising plants licensed by the County Council where approximately 17,800 gallons of milk are heat-treated daily. Three failed to pass the phosphatase test and one failed the methylene blue test.

308 samples of various designations of milk were also taken from licensed dealers within the County. Five samples of untreated milk and one of pasteurised milk failed to pass the methylene blue test. The dealers were warned and subsequent samples were satisfactory.

574 visits were made under the Specified Area Orders which require that only specified grades of milk be sold by retail in Buckinghamshire. 749 samples were taken and all were satisfactory. The requirements of the Specified Area Orders continue to be observed.

SECTION F.—PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES

1. Poliomyelitis

It is with pleasure that I report there were no notifications of poliomyelitis during 1965.

2. Diphtheria

Although there were no notifications of diphtheria during the year one death, that of a man in the age group 35—45 years, was attributed to that disease. This is the first death from diphtheria recorded in the County for eighteen years.

3. General

Detailed information relating to all cases of infectious disease notified during 1965 is set out in Table (h) of Section H of this report.

SECTION G.—GENERAL

Capital Building Works

Some progress was made during the year in the implementation of the Council's ten-year health and welfare development programme but the government's decision to defer expenditure on capital projects, coupled with difficulties in acquiring suitable sites inevitably led to delays in the completion of some of the projects.

1. Works Completed

| | |
|--------------------|--|
| Aylesbury | (a) Extensions to Aylesbury Ambulance Station. (b) Child Welfare Centre and Dental Clinic, Quarrendon Estate, Aylesbury. (c) Mental Health Service—extensions to Adult Training Centre (16 places). (d) Mental Health Service—conversion of Ivy House, Birtton Road into two staff flats. |
| Bletchley | (a) Norrill Adult Hostel and Training Centre. (b) Two nurses houses with garages and district room (Buckfast Avenue). |
| Stewkley | One nurse's house with garage. |
| Chalfont St. Peter | Ambulance Sub-Station with office accommodation for health visitors and lecture room. |
| High Wycombe | (a) Mental Health Service—extensions to Adult Training Centre (16 places). (b) The Grange, Amersham Hill, High Wycombe (conversion to mother and baby home). |
| Slough | (a) Sinkins House Old Persons' Home, Tuns Lane. (b) Mental Health Service—Junior Training Centre, Tuns Lane. (c) Extensions to Ambulance Station. (d) Erection of two flats for nurses with garages and district room (Cippenham). |

2. Under Construction: 31st December, 1966

| | |
|--------------------|---|
| Aylesbury | Two nurses houses with garages and district room, Hilton Avenue |
| Buckingham | (a) Old Persons' Home, Maids Moreton. (b) Ambulance Station, Maids Moreton. |
| Chalfont St. Giles | One Nurse's flat with garage and district room. |
| Chesham | (a) Mental Health Service—Adult Training Centre (25 places). (b) Mental Health Service—Junior Training Centre (50 places). (c) Two houses for nurses with garage and district room. |
| Great Missenden | Old Persons' Home. |
| High Wycombe | (a) Extension of Ambulance Station. (b) Three houses for nurses with garages and district room. |
| Lane End | One house for nurse with garage and district room. |
| Princes Risborough | Old Persons' Home. |
| Penn | Two houses for nurses with garages and district room. |
| Marlow | Two houses for nurses with garages and district room. |
| Slough | (a) Day Nursery (35 places). (b) Mental Health Service—adaption and alteration of old junior centre to adult centre, Oatlands Drive. |

3. Proposed Works

| | |
|------------------|--|
| Amersham | Old Persons' Home. |
| Amersham/Chesham | Mental Health Service—Five Day Hostel. |
| Aylesbury | (a) Adult Hostel for men (Mental Health Service). (b) Additional classroom—Junior Training Centre, Birtton Road. (c) Mother and Baby Home. |
| Beaconsfield | Two nurses houses with garages and district room. |
| High Wycombe | Two nurses houses with garages and district room. |
| Holmer Green | (a) Old Persons' Home. (b) One nurse's house with garage and district room. |
| Iver | Two nurses houses with garages and district room. |
| Maids Moreton | Two nurses houses, garages and district room. |
| Milton Keynes | One nurse's house, garage and district room. |
| Newport Pagnell | Ambulance Station. |

| | |
|--------------------|--|
| Olney | Two nurses Houses with garages and district room. |
| Princes Risborough | Two nurses houses with garages and district room. |
| Slough | (a) Extension to Occupational Therapy Unit. |
| | (b) Ten flats for district nurses with garages and district room. |
| | (c) Redevelopment of facilities at Burlington Road Health Centre. |
| | (d) Old Persons' Home, Farnham Common. |
| | (e) Two units of accommodation for staff employed in welfare homes |
| Stony Stratford | Old Persons' Home. |
| Tylers Green | Old Persons' Home (Katharine Knapp). |

Public Health Act, 1936

Registration of Nursing Homes

Ten nursing homes were registered by the County Council under the provisions of the Public Health Act, 1936 at the end of 1966 and these homes provided a total of 26 maternity and 141 other beds, making a total of 167, as compared with the total of 149 for 1965.

No new Homes were registered during the year but one home brought additional accommodation into use and as a result the registration was amended so as to allow the admission of a further eighteen patients.

The County Council's officers visit homes before registration and thereafter at intervals of not more than three months. During these visits special attention is given to the requirements of the Conduct of Nursing Homes Regulations, 1963.

A list of the registered homes is given in Table (b) of Section H of this report.

National Assistance Act, 1948

Registration of Disabled Persons' or Old Persons' Homes

At the end of the year there were 25 homes registered by the County Council under the National Assistance Act, 1948; these homes provided 428 places for the aged and infirm, 540 places for epileptics and 55 places for young adult spastics.

A list of the registered homes is given in Table (c) of Section H of this report.

NURSERIES AND CHILD MINDERS' REGULATION ACT, 1948

I commented in my report for 1965 on the increase during the last ten years in the demand for the daily minding of children either in premises registered for the purpose or in the homes of daily minders. In 1956 only three premises and seven daily minders were registered for the reception of 107 children. At the end of 1966, 72 separate premises and 120 daily minders were registered for the reception of 2,925 children.

It will be seen from the following table that the number of children daily minded in premises registered for that purpose was more than double the corresponding figure for 1965:—

| | | | | | | | <i>Number registered</i> | | <i>Number of children</i> | |
|---------------|----|----|----|----|----|----|--------------------------|------|---------------------------|------|
| | | | | | | | 1966 | 1965 | 1966 | 1965 |
| Premises | .. | .. | .. | .. | .. | .. | 72 | 51 | 1,812 | 879 |
| Daily Minders | .. | .. | .. | .. | .. | .. | 120 | 97 | 1,113 | 939 |

During the year 28 applications for the registration of premises for the reception of 708 children were approved and, in addition, fifty daily minders were registered for the first time and authorised to take a total of 424 children for minding.

In view of this rapid increase in daily minding it may be of interest to give once again a little of the background of the requirements of the Act and of the action that is taken before registrations are approved.

Where children are looked after for a substantial part of the day other than in their own homes, the County Council has a responsibility to ensure that the premises and the persons responsible are suitable.

Applicants for registration are advised to seek guidance as to whether or not planning permission is required for the "changed use" of the premises. The Chief Fire Officer is asked to have the premises inspected and his advice is obtained on the need for fire appliances and about possible fire hazards.

Advice is given to all applicants for registration about the minimum space required for each child taken for minding having regard to the age groups to be accommodated. Guidance is also given about sanitary facilities, heating and where appropriate food hygiene.

Applicants are told what equipment including suitable play materials will be required and advised about "dress for activities" for the children. They are also told that a first-aid box will have to be provided and properly maintained.

Registration is only recommended when an assurance is given that the proportion of adult helpers will be sufficient to enable adequate supervision to be given to the children minded.

Those undertaking the daily care of children are advised about suitable literature whilst efforts are made to persuade them to undergo short courses of training.

General advice is given on both indoor and out-door activities for children, on diet, rest periods, helping the children in personal hygiene and on the prevention of accidents.

Following registration private nurseries and daily minders are visited at intervals by members of the Department staff in order that any necessary advice and guidance can be given and to ensure that the required standards are maintained.

Medical Examination of Staff

During 1963 consideration was given to the procedure for the medical examination of new entrants to the County Council's service. A total of nearly 800 medical examinations of persons offered appointments were carried out during the previous year; of the persons examined only one was rejected on medical grounds and another three required follow-up and further investigation. In all of these four instances the defects from which the candidates suffered would have been "picked up" by the completion of an appropriate questionnaire. It was then estimated that if routine medical examinations were limited to candidates for teacher training colleges, ambulance and other drivers, there would be a saving of some 500 medical examinations over the year.

It was, therefore, decided that as from November, 1963 all new entrants to the Council's service, other than those mentioned above, should complete a medical questionnaire with the addition of an X-ray examination of the chest for those persons whose duties involve frequent contact with children.

These arrangements have worked well and in many cases have enabled employing departments to confirm appointments without the delay which often resulted when a medical examination had to be arranged.

In order to test the way in which the questionnaire was functioning an examination of the recommendations made for the four months ended 31st December, 1966 was carried out and the results were as follows:—

| | | | | |
|--------------------------------------|----|----|----|-----|
| Questionnaires completed | .. | .. | .. | 374 |
| Fit for appointment | .. | .. | .. | 368 |
| No. referred for medical examination | .. | .. | | 17 |
| No. rejected | .. | .. | .. | 4 |
| No. for review later | .. | .. | .. | 2 |

SECTION H.—STATISTICAL TABLES, ETC.

(a) LIST OF SANITARY AUTHORITIES

| DISTRICT | MEDICAL OFFICER OF HEALTH |
|------------------------------|--|
| URBAN DISTRICTS | |
| Aylesbury, Borough of | A. W. PRINGLE, B.A., M.B., B.CH., B.A.O., D.P.H. |
| Beaconsfield | B. H. BURNE, M.R.C.S., L.R.C.P., D.P.H. |
| Bletchley | P. LAVIS, M.B., B.CH., D.P.H. |
| Buckingham, Borough of | P. LAVIS, M.B., B.CH., D.P.H. |
| Chesham | B. H. BURNE, M.R.C.S., L.R.C.P., D.P.H. |
| Eton | G. M. HOBIN, M.B., CH.B., D.P.H. |
| High Wycombe, Borough of .. | A. J. MUIR, M.B., CH.B., B.HY., D.P.H. |
| Marlow | A. J. MUIR, M.B., CH.B., B.HY., D.P.H. |
| Newport Pagnell | P. LAVIS, M.B., B.CH., D.P.H. |
| Slough, Borough of | M. A. CHARRETT, M.R.C.S., L.R.C.P., D.P.H. |
| Wolverton | P. LAVIS, M.B., B.CH., D.P.H. |
| RURAL DISTRICTS | |
| Amersham | B. H. BURNE, M.R.C.S., L.R.C.P., D.P.H. |
| Aylesbury | A. W. PRINGLE, B.A., M.B., B.CH., B.A.O., D.P.H. |
| Buckingham | P. LAVIS, M.B., B.CH., D.P.H. |
| Eton | G. M. HOBIN, M.B., CH.B., D.P.H. |
| Newport Pagnell | P. LAVIS, M.B., B.CH., D.P.H. |
| Wing | A. W. PRINGLE, B.A., M.B., B.CH., B.A.O., D.P.H. |
| Winslow | P. LAVIS, M.B., B.CH., D.P.H. |
| Wycombe | A. J. MUIR, M.B., CH.B., B.HY., D.P.H. |

(b) REGISTERED NURSING HOMES (Including Maternity Homes)

| DISTRICT | NAME AND ADDRESS | DESCRIPTION |
|-------------------|------------------------------------|--|
| AYLESBURY | The Gables, 123 Wendover Road .. | Maternity. |
| BEACONSFIELD .. | St. Joseph's, Candlemas Lane | Maternity, Acute Surgical, Minor Surgical, Medical, Convalescent, Aged and Infirm. |
| BEACONSFIELD .. | Rosslyn, 46 Ledborough Lane | Minor Surgical, Medical, Convalescent, Aged and Infirm. |
| *BOURNE END .. | Fieldhead | Aged and Infirm. |
| EMBERTON | West Farm | Maternity. |
| FARNHAM COMMON .. | Withyfield, Green Lane | Convalescent, Aged and Infirm. |
| GERRARDS CROSS .. | White House, North Park | Medical, Convalescent, Aged and Infirm. |
| HIGH WYCOMBE .. | Oak Lodge, 749 London Road | Convalescent, Aged and Infirm. |
| STOKE POGES | Stoke Place | Convalescent, Aged and Infirm. |
| WOBURN SANDS .. | Oaklands, 60 Station Road | Convalescent, Aged and Infirm. |

*Reserved for Chronic Sick from W.V.S. Residential Clubs for elderly people.

(c) REGISTERED OLD PERSONS' HOMES

| ADDRESS | DESCRIPTION |
|--|---|
| Brook House, Wooburn Green | 6 aged persons. |
| Calverton Lodge, Horsefair Green, Stony Stratford .. | 7 aged or infirm. |
| Chalfont Colony, Chalfont St. Peter | 540 epileptic persons. |
| Chilworth, 7 Rectory Avenue, High Wycombe .. | 9 aged or infirm. |
| Dawn House, South Park Crescent, Gerrards Cross .. | 12 aged persons, either sex. |
| Gresham House, Weston Road, Olney | 15 aged or infirm. |
| Harrias House, Hedgerley Lane, Beaconsfield .. | 24 aged or infirm. |
| Hipe House, Moulsoe, Newport Pagnell | 4 aged or infirm. |
| Homeleigh, 196 High Street, Aylesbury | 8 aged or infirm. |
| Horton, near Slough | 35 aged or infirm. |
| Howard House, Vicarage Way, Gerrards Cross .. | 20 aged or infirm. |
| Manor House, Broughton, Newport Pagnell | 19 aged or infirm, either sex. |
| Ponds, Home for Young Adult Spastics, Seer Green .. | 55 cerebral palsy cases. |
| Prestwood Park House, Prestwood, Great Missenden .. | 26 aged or infirm. |
| Redlands, Bulstrode Way, Gerrards Cross | 6 aged or infirm. |
| St. Dominics, The Lea, Western Avenue, Denham .. | 25 aged, either sex. |
| Seven Gables Residential Hotel, Addington, Winslow | 12 aged or infirm, either sex. |
| Swarthmore, Gerrards Cross | 35 aged or infirm. |
| Taplow House, Berry Hill, Taplow, Maidenhead .. | 27 aged or infirm (not otherwise handicapped) either sex. |
| Tickford Abbey, Newport Pagnell | 46 aged or infirm. |
| Trout Hollow, Saunderton, Princes Risborough .. | 5 aged or infirm (not otherwise handicapped). |
| White Plains, Tilehouse Lane, Denham | 18 aged persons, either sex. |
| "Wittington," Medmenham, near Marlow | 36 aged or infirm. |
| Woodlands Park, Wendover Road, Great Missenden .. | 28 aged or infirm (not otherwise handicapped) either sex. |

(d) CHILD WELFARE CENTRES

| NAME OF CENTRE | SITUATE | DOCTOR ATTENDS |
|--------------------------------|--|----------------|
| AMERSHAM (NEW TOWN) | Community Centre, Woodside Farm, Woodside Road | Thrice monthly |
| AMERSHAM (OLD TOWN) | British Legion Hall, Whielden Street | Monthly |
| ASTON CLINTON | Baptist Church Hall | Do. |
| AYLESBURY | The Clinic, Pebble Lane | Weekly |
| AYLESBURY—QUARRENDON | Child Welfare Centre, 1 Lay Road | Weekly |
| „ SOUTH COURT | Church of the Good Shepherd, Church Square, Southcourt | Twice monthly |
| „ TRING ROAD | Limes Avenue Baptist Church, Tring Road | Weekly |
| BEACONSFIELD | The Old Rectory | Monthly |
| BLETCHLEY | School Clinic, Whalley Drive | Weekly |
| „ | Methodist Church, Bletchley Road | Twice monthly |
| BOURNE END | Red Cross Hut, New Road | Monthly |
| BRADWELL | The Surgery, 122 Newport Road, New Bradwell | Monthly |
| BRILL | The Institute | No doctor |
| BUCKINGHAM | Congregational School Room | Monthly |
| BURNHAM | British Legion Hall, Gore Road | Twice monthly |
| „ LENT RISE | Methodist Church Hall, Lent Rise | Do. |
| CHALFONT ST. GILES | Memorial Hall | Monthly |
| CHALFONT ST. PETER | Community Centre, Amersham Road | Twice monthly |
| CHARTRIDGE | Village Hall | Monthly |
| CHEDDINGTON | Methodist Schoolroom | Monthly |
| CHESHAM | The School Clinic, Germain Street | Weekly |
| „ POND PARK | Community Hall, Windsor Road, Pond Park, Chesham | Twice monthly |
| DATCHET | Village Hall | Twice monthly |
| DENHAM | Health Centre, Oxford Road | Thrice monthly |
| DORNEY | Village Hall | Monthly |
| DOWNLEY | Memorial Hall | Do. |
| EDLESBOROUGH | Memorial Hall | Do. |
| ETON | Eton Church Hall | Monthly |
| ETON WICK | Village Hall | Twice monthly |
| FARNHAM COMMON | Village Hall, Victoria Road | Do. |
| FARNHAM ROYAL | Village Hall | Twice monthly |
| FARNHAM ROYAL, BRITWELL ESTATE | Wentworth Avenue, Britwell Estate | Weekly |
| FLACKWELL HEATH | Community Centre | Weekly |
| GERRARDS CROSS | British Legion Hall | Monthly |
| GREAT HAMPDEN | Village Hall | Do. |
| GREAT KINGSHILL | Village Hall | Do. |
| GREAT MISSENDEN | Baptist Church Hall | Do. |
| GRENDON UNDERWOOD | Village Hall | Do. |
| HADDENHAM | Village Hall | No doctor |
| HALTON (Voluntary) | R.A.F. Camp, Halton | No doctor |
| HANSLOPE | Church Institute | Monthly |
| HAZLEMERE | Penn Road Methodist School Room | Twice monthly |
| HIGH WYCOMBE | Health Centre, The Rye | Weekly |
| „ BOOKER | Castlefield Methodist Church Hall | Twice monthly |
| „ DEEDS GROVE | Methodist Church, Desborough Avenue | Twice monthly |
| „ MICKLEFIELD | St. Peter's Church Hall | Twice monthly |
| „ SANDS | War Memorial Hall | Twice monthly |
| „ TOTTERIDGE | Totteridge Social Centre | Twice monthly |
| „ WEST WYCOMBE | Community Centre | Monthly |
| „ WYCOMBE MARSH | St. Anne's Church Room | Do. |
| HOLMER GREEN | Village Centre | Twice monthly |
| HOLTSPUR | St. Thomas' Church Hall, Holtspur, Beaconsfield | Monthly |
| HORTON | Champneys Hall | Do. |
| HUGHENDEN VALLEY | Village Hall | No doctor |
| IVER | Church Institute, Thorney Lane | Monthly |
| IVER HEATH | Village Hall | Twice monthly |
| IVINGHOE | Youth Hostel | Twice monthly |
| LACEY GREEN | Village Hall | Monthly |
| LANE END | Memorial Hall | Twice monthly |
| LEE COMMON | Ballinger War Memorial Hall | Monthly |
| LITTLE CHALFONT | Little Chalfont Hall | Twice monthly |
| LONG CRENDON | Sports Pavilion | Monthly |
| LOUDWATER | Recreation Hall | Do. |
| MARLOW | Health Centre, Victoria Road | Weekly |
| MARLOW BOTTOM | Village Hall | Monthly |
| MEDMENHAM (Voluntary) | R.A.F. Camp, Medmenham | No doctor |

CHILD WELFARE CENTRES—continued

| NAME OF CENTRE | SITUATE | DOCTOR ATTENDS |
|-------------------------------------|--|----------------|
| NAPHILL | Memorial Hall | Monthly |
| NEWPORT PAGNELL | Congregational Schoolroom, High Street | Twice monthly |
| NEW BEACONSFIELD | Youth Club, Maxwell Road | Monthly |
| NEWTON LONGVILLE | Methodist Church Schoolroom | Do. |
| OLNEY | Church Hall, High Street | Twice monthly |
| PRESTWOOD | Village Hall | Monthly |
| PRINCES RISBOROUGH | Parish Church Hall | Twice monthly |
| QUANTON | Memorial Hall | Monthly |
| RADNAGE | Cricket Pavilion | No doctor |
| RICHINGS PARK, IVER | St. Leonard's Church Hall, Richings Park | Monthly |
| ST. LEONARDS-CUM-CHOLESBURY | Village Hall, Cholesbury | Do. |
| SEER GREEN AND JORDANS | Baptist School Room, Seer Green | Do. |
| SLOUGH | Health Centre, Burlington Road | Weekly |
| „ CIPPENHAM | Central Hall, Bower Way | Weekly |
| „ PARLAUNT PARK | Parlaunt Road | Do. |
| „ THE MERRYMAKERS HALL | Meadow Road, Langley | Do. |
| „ ST. MICHAEL'S | Slough Social Centre, Farnham Road | Do. |
| „ WEXHAM COURT | Wexham Court, Knolton Way, Slough | Do. |
| STEEPLE CLAYDON | Library Hall | Monthly |
| STEWKLEY | Village Hall | No Doctor |
| STOKENCHURCH | Memorial Hall | Monthly |
| STOKE POGES | Village Hall | Twice monthly |
| STONE | Village Hall | Monthly |
| STONY STRATFORD | Scouts Hut | Twice monthly |
| TWYFORD | Village Hall | Monthly |
| TYLERS GREEN AND PENN | Parish Room, Tylers Green | Do. |
| WADDESDON | Village Hall | No doctor |
| WELL END | Abbotsbrook Hall | Monthly |
| WENDOVER | Memorial Hall | Weekly |
| WESTON TURVILLE | Haig Hall | Monthly |
| WHITCHURCH | Methodist Hall | Monthly |
| WIDMER END | Village Hall | Monthly |
| WING | Village Hall | Do. |
| WINGRAVE | Temperance Hall | Do. |
| WINSLOW | British Legion Hall | Twice monthly |
| WOBurn SANDS | The Institute | Twice monthly |
| WOLVERTON | Scouts' Hall | Weekly |
| WOBurn GREEN | Scouts Hall | Monthly |
| WRAYSBURY | Village Hall | Do. |

MOBILE WELFARE CENTRE

(Doctor attends each session)

| MONTHLY SESSION | VILLAGES VISITED |
|-----------------------------------|---|
| First Monday (afternoon) | Westcott, Cuddington. |
| Second Monday „ | Milton Keynes, Broughton, Moulsoe, Wavendon. |
| Third Monday „ | Great Horwood, Little Horwood, Mursley. |
| Fourth Monday „ | Stoke Hammond, Drayton Parslow, Swanbourne. |
| First Tuesday (morning) | Bierton. |
| First Tuesday (afternoon) | Slapton, Ivinghoe Aston, Marsworth. |
| Second Tuesday „ | Castlethorpe, Haversham. |
| Third Tuesday „ | Loughton, Shenley Church End, Shenley Brook End. |
| Fourth Tuesday „ | Longwick, Great Kimble, Butlers Cross. |
| First Thursday „ | Preston Bissett, Charndon, Calvert. |
| Second Thursday „ | Stoke Goldington, Ravenstone, Filgrave. |
| Fourth Thursday „ | Ickford, Worminghall, Oakley. |
| First Friday (morning) | Thornton, Nash, Whaddon. |
| First Friday (afternoon) | Bow Brickhill, Little Brickhill, Great Brickhill. |
| Second Friday (morning) | Sherington, Lavendon. |
| Second Friday (afternoon) | Astwood, North Crawley. |
| Third Friday (morning) | Shalstone, Westbury. |
| Third Friday (afternoon) | Akeley, Lillingstone, Leckhampstead. |
| Fourth Friday (morning) | Adstock, Padbury. |
| Fourth Friday (afternoon) | Tingewick, Dadford, Maids Moreton |

(e) POPULATIONS, BIRTH AND MORTALITY RATES FOR THE YEAR 1966

| District | Population Census, 1961 | Registrar-General Estimated Population Mid-1966 | Crude Birth Rate per 1,000 Population | Crude Death Rate per 1,000 Population | Tuberculosis Death Rate per 1,000 Population | Infant Mortality Rate per 1,000 Births | Neo-natal Mortality Rate per 1,000 Births | Maternal Mortality per 1,000 Live and still births |
|----------------------|-------------------------|---|---------------------------------------|---------------------------------------|--|--|---|--|
| URBAN | | | | | | | | |
| Aylesbury .. | 27,923 | 34,380 | 23.9 (821) | 8.9 (307) | — (—) | 17.1 (14) | 14.6 (12) | — (—) |
| Beaconsfield .. | 10,013 | 11,460 | 13.5 (155) | 9.7 (111) | — (—) | 19.4 (3) | 19.4 (3) | — (—) |
| Bletchley .. | 17,095 | 23,520 | 25.8 (607) | 6.7 (158) | — (—) | 21.4 (13) | 13.2 (8) | — (—) |
| Buckingham .. | 4,379 | 4,810 | 15.4 (74) | 10.6 (51) | — (—) | 27.0 (2) | 27.0 (2) | — (—) |
| Chesham .. | 16,297 | 19,680 | 24.8 (489) | 8.7 (172) | — (—) | 10.2 (5) | 6.1 (3) | 2.02 (1) |
| Eton .. | 3,894 | 5,300 | 10.9 (58) | 5.1 (27) | 0.189 (1) | 34.5 (2) | 34.5 (2) | — (—) |
| High Wycombe .. | 49,981 | 55,170 | 21.0 (1171) | 8.3 (458) | 0.018 (1) | 9.4 (11) | 7.7 (9) | — (—) |
| Marlow .. | 8,724 | 9,990 | 21.3 (213) | 10.0 (100) | 0.100 (1) | 14.1 (3) | 4.7 (1) | — (—) |
| Newport Pagnell .. | 4,743 | 5,470 | 16.8 (92) | 20.3 (111) | — (—) | 21.7 (2) | 10.9 (1) | — (—) |
| Slough .. | 80,781 | 85,690 | 18.8 (1611) | 8.3 (713) | 0.047 (4) | 14.9 (24) | 13.0 (21) | — (—) |
| Wolverton .. | 13,113 | 13,430 | 18.5 (249) | 13.0 (175) | — (—) | 16.1 (4) | 12.0 (3) | — (—) |
| TOTAL URBAN .. | 236,943 | 268,900 | 20.6 (5540) | 8.9 (2383) | 0.026 (7) | 15.0 (83) | 11.7 (65) | 0.18 (1) |
| RURAL | | | | | | | | |
| Amersham .. | 56,005 | 61,920 | 16.2 (1005) | 9.3 (573) | 0.032 (2) | 16.9 (17) | 15.9 (16) | — (—) |
| Aylesbury .. | 33,336 | 36,150 | 16.5 (595) | 10.5 (379) | 0.055 (2) | 11.8 (7) | 10.1 (6) | — (—) |
| Buckingham .. | 8,497 | 9,700 | 17.3 (168) | 9.4 (91) | — (—) | 6.0 (1) | 6.0 (1) | — (—) |
| Eton .. | 66,932 | 71,240 | 15.7 (1117) | 8.4 (596) | 0.028 (2) | 26.0 (29) | 18.8 (21) | — (—) |
| Newport Pagnell .. | 14,107 | 14,700 | 17.7 (260) | 11.4 (167) | — (—) | 23.1 (6) | 19.2 (5) | — (—) |
| Wing .. | 9,083 | 9,600 | 15.9 (153) | 10.4 (100) | 0.104 (1) | 19.6 (3) | 13.1 (2) | — (—) |
| Winslow .. | 7,939 | 9,020 | 22.3 (201) | 15.7 (142) | — (—) | 19.9 (4) | — (—) | — (—) |
| Wycombe .. | 51,252 | 60,790 | 20.1 (1224) | 9.0 (545) | 0.049 (3) | 10.6 (13) | 7.4 (9) | — (—) |
| TOTAL RURAL .. | 247,151 | 273,120 | 17.3 (4723) | 9.5 (2593) | 0.037 (10) | 16.9 (80) | 12.7 (60) | — (—) |
| TOTAL COUNTY .. | 484,094 | 542,020 | 18.9 (10,263) | 9.2 (4976) | 0.031 (17) | 15.9 (163) | 12.2 (125) | 0.10 (1) |
| ENGLAND AND WALES .. | 46,071,604 | 48,075,300 | 17.7 | 11.7 | 0.048 | 18.9 | 12.9 | 0.26 |

NOTE : In view of the small numbers on which some of the rates quoted are based, the actual numbers are given in parentheses for the purpose of clearer comparison.

(f) COMPARATIVE TABLE OF BIRTH, DEATH AND INFANT MORTALITY RATES FOR TEN YEAR PERIOD, 1957-1966

| YEAR | BIRTH RATE per 1,000 population | | | | DEATH RATE per 1,000 population | | | | INFANT MORTALITY RATE per 1,000 births | | | |
|------|------------------------------------|-------|--------|-------------------------|------------------------------------|-------|--------|-------------------------|---|-------|--------|-------------------------|
| | Urban | Rural | County | England and Wales | Urban | Rural | County | England and Wales | Urban | Rural | County | England and Wales |
| 1957 | 16.5 | 16.9 | 16.7 | 16.1 | 9.5 | 9.8 | 9.7 | 11.5 | 25.6 | 17.8 | 21.6 | 23.0 |
| 1958 | 17.0 | 17.6 | 17.3 | 16.4 | 9.9 | 9.8 | 9.8 | 11.7 | 14.7 | 18.0 | 16.4 | 22.5 |
| 1959 | 17.7 | 17.5 | 17.6 | 16.5 | 9.6 | 9.7 | 9.7 | 11.6 | 17.1 | 19.6 | 18.4 | 22.0 |
| 1960 | 19.1 | 18.2 | 18.6 | 17.1 | 9.7 | 9.7 | 9.7 | 11.5 | 21.1 | 18.5 | 19.8 | 21.7 |
| 1961 | 19.8 | 17.4 | 18.6 | 17.4 | 9.1 | 9.6 | 9.4 | 12.0 | 19.0 | 17.1 | 18.1 | 21.4 |
| 1962 | 20.3 | 18.2 | 19.2 | 18.0 | 9.1 | 10.1 | 9.6 | 11.9 | 16.5 | 19.5 | 17.9 | 21.4 |
| 1963 | 20.8 | 17.6 | 19.2 | 18.2 | 9.3 | 10.5 | 9.9 | 12.2 | 17.7 | 17.6 | 17.7 | 20.9 |
| 1964 | 21.8 | 18.5 | 20.1 | 18.4 | 8.4 | 9.1 | 8.7 | 11.3 | 16.5 | 17.1 | 16.7 | 20.0 |
| 1965 | 20.9 | 18.4 | 19.6 | 18.1 | 8.4 | 9.3 | 8.9 | 11.5 | 13.2 | 16.9 | 14.9 | 19.0 |
| 1966 | 20.6 | 17.3 | 18.9 | 17.7 | 8.9 | 9.5 | 9.2 | 11.7 | 15.0 | 16.9 | 15.9 | 19.0 |

(g) CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE
COUNTY OF BUCKINGHAM, 1966

| | | Aggregate of Urban Districts | | | | | | | | | | | | Aggregate of Rural Districts | | | | | | | | | | | |
|--|-----|------------------------------|-------------------|-----|------|-------|-------|-------|-------|-------|-------|----------------|-------|------------------------------|-------------------|-----|------|-------|-------|-------|-------|-------|-------|----------------|-------|
| Causes of Death | Sex | Under 4 wks. | 4 wks. under 1 | 1-4 | 5-14 | 15-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | 75 and over | Total | Under 4 wks. | 4 wks. under 1 | 1-4 | 5-14 | 15-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | 75 and over | Total |
| ALL CAUSES | M | 41 | 9 | 9 | 12 | 26 | 18 | 44 | 119 | 279 | 339 | 417 | 1,313 | 31 | 13 | 4 | 9 | 23 | 22 | 39 | 124 | 284 | 333 | 508 | 1,390 |
| | F | 24 | 9 | 8 | 7 | 12 | 11 | 21 | 55 | 134 | 219 | 570 | 1,070 | 29 | 7 | 12 | 3 | 5 | 12 | 27 | 71 | 137 | 233 | 667 | 1,203 |
| 1—Tuberculosis, Respiratory | M | — | — | — | — | — | — | — | — | 1 | 1 | 1 | 3 | — | — | — | — | — | — | — | 1 | 1 | 3 | 2 | 7 |
| | F | — | — | — | — | — | — | 1 | — | — | 1 | 1 | 3 | — | — | — | — | — | — | — | — | — | — | 1 | 1 |
| 2—Tuberculosis, Other .. | M | — | — | — | — | — | — | — | — | 1 | — | — | 1 | — | — | — | — | — | — | — | — | — | — | — | — |
| | F | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 1 | — | — | 1 | — | 2 |
| 3—Syphilitic Disease .. | M | — | — | — | — | — | — | — | — | — | — | 2 | 2 | — | — | — | — | — | — | — | — | — | 2 | — | 3 |
| | F | — | — | — | — | — | — | — | 1 | — | 1 | — | 2 | — | — | — | — | — | — | — | — | — | — | — | — |
| 4—Diphtheria | M | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 1 | — | — | — | — | 1 |
| | F | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| 5—Whooping Cough .. | M | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| | F | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| 6—Meningococcal infections | M | — | — | — | — | — | — | — | — | — | 1 | — | 1 | — | 1 | — | — | — | — | — | — | — | — | — | 1 |
| | F | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| 7—Acute Poliomyelitis .. | M | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| | F | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| 8—Measles | M | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| | F | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 1 | — | — | — | — | — | — | — | — |
| 9—Other infective and parasitic diseases .. | M | — | — | — | 1 | — | — | 1 | — | — | — | — | 2 | — | — | — | — | 1 | 1 | — | 1 | 1 | 1 | 1 | 6 |
| | F | — | — | — | — | 1 | 1 | — | — | 1 | — | — | 4 | — | — | 1 | — | — | 1 | — | — | — | 1 | 3 | 6 |
| 10—Malignant neoplasm, stomach | M | — | — | — | — | — | — | — | 7 | 11 | 14 | 8 | 40 | — | — | — | — | — | — | — | 6 | 11 | 9 | 5 | 31 |
| | F | — | — | — | — | — | — | — | 2 | 5 | 10 | 16 | 33 | — | — | — | — | — | 1 | 1 | 5 | 4 | 11 | — | 22 |
| 11—Malignant neoplasm, lung, bronchus .. | M | — | — | — | — | — | — | 1 | 15 | 49 | 34 | 9 | 108 | — | — | — | — | — | — | 4 | 16 | 48 | 27 | 22 | 117 |
| | F | — | — | — | — | — | — | — | 2 | 4 | 9 | 4 | 19 | — | — | — | — | — | 1 | 5 | 6 | 5 | 4 | 21 | — |
| 12—Malignant neoplasm, breast | M | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 1 | — | — | 1 |
| | F | — | — | — | — | — | — | 1 | 8 | 8 | 15 | 12 | 44 | — | — | — | — | 2 | 2 | 6 | 14 | 6 | 11 | 41 | — |
| 13—Malignant neoplasm, uterus | M | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| | F | — | — | — | — | — | — | 1 | 3 | 7 | 7 | 4 | 22 | — | — | — | — | — | — | 1 | 7 | 5 | 5 | 3 | 21 |
| 14—Other Malignant and Lymphatic Neoplasms | M | — | — | — | 1 | — | 4 | 7 | 14 | 33 | 33 | 42 | 134 | — | — | — | 1 | 2 | 4 | 4 | 14 | 25 | 31 | 52 | 133 |
| | F | — | — | — | — | — | 2 | 3 | 8 | 24 | 21 | 32 | 91 | — | — | — | — | 3 | 8 | 20 | 25 | 19 | 46 | 121 | — |
| 15—Leukaemia, Aleukaemia | M | — | — | 1 | 2 | 1 | 1 | — | 2 | — | 1 | 4 | 12 | — | — | — | 1 | — | 1 | 1 | — | 3 | — | 2 | 8 |
| | F | — | 1 | — | — | — | 1 | 1 | 2 | 2 | 2 | 1 | 10 | — | — | — | — | 2 | — | — | — | — | 3 | — | 5 |
| 16—Diabetes | M | — | — | — | — | — | — | 1 | — | 2 | — | 4 | 7 | — | — | — | — | — | — | 1 | — | 2 | 3 | 7 | — |
| | F | — | — | — | — | — | — | — | — | 7 | 2 | 10 | 19 | — | — | — | — | — | — | — | — | 1 | 2 | 6 | 9 |
| 17—Vascular lesions of nervous system .. | M | — | — | — | — | 1 | 1 | — | 12 | 16 | 28 | 55 | 113 | — | — | — | — | — | 1 | — | 8 | 18 | 26 | 56 | 109 |
| | F | — | — | — | — | 1 | 1 | 2 | 9 | 6 | 30 | 92 | 141 | — | — | — | — | — | — | 1 | 5 | 14 | 53 | 130 | 203 |
| 18—Coronary disease, angina | M | — | — | — | — | — | 2 | 16 | 36 | 92 | 95 | 86 | 327 | — | — | — | — | — | 1 | 9 | 38 | 80 | 92 | 112 | 332 |
| | F | — | — | — | — | — | — | 1 | 3 | 23 | 52 | 105 | 184 | — | — | — | — | — | — | 5 | 20 | 47 | 108 | 180 | — |
| 19—Hypertension with Heart disease .. | M | — | — | — | — | — | — | — | 1 | 2 | 9 | 6 | 18 | — | — | — | — | — | 1 | — | 2 | 3 | 6 | 13 | — |
| | F | — | — | — | — | — | — | — | — | 3 | 2 | 12 | 17 | — | — | — | — | — | — | — | 1 | 4 | 5 | 8 | 18 |
| 20—Other heart disease .. | M | — | — | — | — | 2 | 3 | 2 | 1 | 9 | 20 | 49 | 86 | — | — | — | 1 | — | 3 | — | 5 | 12 | 23 | 52 | 96 |
| | F | — | — | — | — | 1 | 2 | 1 | 5 | 4 | 13 | 99 | 125 | — | — | — | — | — | 2 | 2 | 11 | 15 | 96 | 126 | — |
| 21—Other circulatory disease | M | — | — | — | — | — | — | — | 1 | 5 | 5 | 14 | 20 | — | — | — | — | — | 1 | — | 2 | 14 | 15 | 34 | 66 |
| | F | — | — | — | — | — | — | 2 | — | 10 | 9 | 36 | 57 | — | — | — | — | — | — | — | 1 | 7 | 16 | 46 | 70 |
| 22—Influenza | M | — | — | — | — | — | — | — | — | 1 | — | 1 | 2 | — | — | — | — | — | — | — | 1 | — | — | 3 | 4 |
| | F | — | — | — | — | — | — | — | — | — | 1 | 2 | 5 | — | — | 1 | — | — | — | — | — | — | — | 6 | 7 |
| 23—Pneumonia | M | 3 | 5 | — | 1 | — | 1 | — | 5 | 7 | 10 | 55 | 87 | 1 | 1 | — | — | — | — | — | 5 | 6 | 21 | 48 | 82 |
| | F | 3 | 1 | 4 | 1 | — | — | — | 2 | 4 | 7 | 58 | 80 | 1 | 2 | 1 | — | 1 | — | 1 | 1 | 3 | 11 | 77 | 98 |
| 24—Bronchitis | M | — | 1 | — | — | 1 | — | 1 | 5 | 22 | 41 | 39 | 110 | — | 1 | — | — | — | — | — | 7 | 13 | 41 | 44 | 106 |
| | F | — | — | — | — | — | 1 | — | — | 4 | 10 | 16 | 31 | — | 2 | 1 | — | — | — | — | 1 | 6 | 9 | 25 | 44 |
| 25—Other diseases of respiratory system .. | M | 1 | — | — | — | — | — | — | — | 5 | 6 | 2 | 14 | — | — | — | — | — | — | 1 | — | 4 | 4 | 7 | 16 |
| | F | — | — | — | — | — | — | — | — | — | 1 | 4 | 5 | — | — | — | — | — | — | — | 3 | — | 4 | 5 | 12 |
| 26—Ulcer of Stomach and Duodenum | M | — | — | — | — | — | — | — | — | 2 | 4 | 1 | 7 | — | — | — | — | — | 1 | — | 1 | 5 | 2 | 5 | 14 |
| | F | — | — | — | — | — | — | — | — | 1 | 3 | 2 | 6 | — | — | — | — | — | — | — | — | — | — | 4 | 4 |
| 27—Gastritis, Enteritis, Diarrhoea | M | — | — | — | — | — | — | — | 2 | — | 1 | 1 | 4 | — | — | — | — | — | — | 1 | — | — | 1 | — | 2 |
| | F | — | — | — | — | — | — | — | 2 | — | — | 4 | 6 | — | — | — | — | — | — | — | 1 | 2 | 5 | 8 | |
| 28—Nephritis and Nephrosis | M | — | — | — | — | — | — | 1 | 1 | 1 | 1 | 2 | 6 | — | 2 | — | — | — | — | 3 | 2 | 2 | 2 | 11 | — |
| | F | — | — | — | — | 1 | — | 1 | — | 2 | — | 4 | 8 | — | — | — | — | — | — | 1 | — | 2 | 1 | 4 | 8 |
| 29—Hyperplasia of prostate | M | — | — | — | — | — | — | — | — | | | | | | | | | | | | | | | | |

(h) SUMMARY OF NOTIFICATIONS OF INFECTIOUS DISEASES RECEIVED
DURING THE YEAR 1966

| DISTRICT | Tuber- culosis | | Scarlet Fever | Whooping Cough | Diphtheria | Measles | Acute Pneumonia | Meningococcal Infections | Acute Poliomy- elitis | | Acute Encephala- litis | | Dysentery | Ophthalmia neonatorum | Puerperal Pyrexia | Smallpox | Para-typhoid Fever | Typhoid Fever | Food poisoning | Erysipelas | Infective Hepatitis | Malaria |
|--------------------------|-------------------|-------|---------------|----------------|------------|---------|-----------------|--------------------------|--------------------------|-------------------|---------------------------|-----------------|-----------|-----------------------|-------------------|----------|--------------------|---------------|----------------|------------|---------------------|---------|
| | Respiratory | Other | | | | | | | Paralytic | Non- paralytic | Infective | Post infectious | | | | | | | | | | |
| URBAN | | | | | | | | | | | | | | | | | | | | | | |
| 1. Aylesbury Borough .. | 8 | 3 | 12 | 3 | - | 409 | 4 | - | - | - | - | - | 267 | - | - | - | - | - | 3 | - | - | 1 |
| 2. Beaconsfield | 1 | 1 | 1 | 3 | - | 148 | - | - | - | - | - | - | 1 | - | - | - | - | - | - | 1 | - | - |
| 3. Bletchley | - | 1 | 9 | 10 | - | 77 | - | - | - | - | - | - | 4 | - | - | - | - | - | - | - | - | - |
| 4. Buckingham Borough .. | - | - | - | - | - | 91 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 5. Chesham | 1 | 2 | 10 | 2 | - | 232 | - | - | - | - | - | - | 4 | - | - | - | - | - | - | - | 13 | - |
| 6. Eton | 1 | - | 1 | 3 | - | 13 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 7. High Wycombe Borough | 8 | 2 | 7 | - | - | 150 | - | - | - | - | - | - | 1 | - | - | - | - | - | 1 | 1 | - | - |
| 8. Marlow | 2 | 1 | - | - | - | 7 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 9. Newport Pagnell .. . | 1 | - | 6 | 21 | - | 4 | - | - | - | - | - | - | - | - | 5 | - | - | - | 1 | - | - | - |
| 10. Slough Borough .. . | 38 | 9 | 32 | - | - | 418 | 9 | - | - | - | - | - | 3 | - | 4 | - | 1 | - | 1 | 3 | - | - |
| 11. Wolverton | 1 | - | 22 | 4 | - | 187 | - | - | - | - | - | - | - | - | 1 | - | - | - | 2 | - | - | - |
| TOTAL URBAN .. | 61 | 19 | 100 | 46 | - | 1,736 | 13 | - | - | - | - | - | 280 | - | 10 | - | 1 | - | 6 | 7 | 13 | 1 |
| RURAL | | | | | | | | | | | | | | | | | | | | | | |
| 1. Amersham | 11 | 3 | 61 | 17 | - | 251 | 10 | - | - | - | 1 | - | 7 | - | - | - | - | 1 | 10 | - | 3 | - |
| 2. Aylesbury | 3 | 1 | 8 | - | - | 166 | 1 | - | - | - | - | - | 11 | - | - | - | - | - | 3 | - | - | - |
| 3. Buckingham | 4 | - | - | - | - | 108 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 4. Eton | 14 | 2 | 32 | 27 | - | 390 | 18 | 1 | - | - | - | 1 | - | - | 32 | - | - | - | 1 | 3 | - | - |
| 5. Newport Pagnell .. . | 3 | - | - | - | - | 184 | - | - | - | - | - | - | - | - | - | - | - | - | - | 1 | - | - |
| 6. Wing | - | - | 3 | - | - | 122 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 7. Winslow | 5 | - | - | - | - | 61 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 8. Wycombe | 5 | - | 20 | 12 | - | 264 | - | - | - | - | - | - | 3 | - | - | - | - | - | 2 | - | - | - |
| TOTAL RURAL .. | 45 | 6 | 184 | 56 | - | 1,546 | 29 | 1 | - | - | 1 | 1 | 21 | - | 32 | - | - | 1 | 16 | 4 | 3 | - |
| TOTAL FOR COUNTY .. | 106 | 25 | 284 | 102 | - | 3,282 | 42 | 1 | - | - | 1 | 1 | 301 | - | 42 | - | 1 | 1 | 22 | 11 | 16 | 1 |

(i) DENTAL TREATMENT FOR MOTHERS AND YOUNG CHILDREN, 1966

Numbers provided with dental care:—

| | Number of persons examined during the year | Number of persons who commenced treatment during year | Number of courses of treatment completed during the year |
|-------------------------------------|--|---|--|
| Expectant and Nursing Mothers | 113 | 114 | 106 |
| Children aged under 5 | 956 | 605 | 514 |

Forms of treatment provided:—

| | Scaling and gum treatment | Fillings | Teeth otherwise conserved | Extrac- tions | General Anaes- thetics | Dentures | | Radio- graphs |
|----------------------------------|---------------------------------|----------|---------------------------------|------------------|------------------------------|--|--------------------------------------|------------------|
| | | | | | | Patients supplied with dentures | Number of dentures supplied | |
| Expectant and Nursing mothers | 88 | 166 | — | 35 | 14 | 21 | 24 | 17 |
| Children aged under 5 years | 98 | 1,263 | 301 | 293 | 117 | — | — | 34 |

(j) AMBULANCE SERVICE

Statistics for the year 1966

PATIENTS

| | | | | | | | | |
|-----------------|----|----|----|---------|-----------------------|----|----|---------|
| Stretcher cases | .. | .. | .. | 32,243 | Emergencies/Accidents | .. | .. | 23,272 |
| Sitting cases | .. | .. | .. | 175,967 | General Removals | .. | .. | 184,938 |
| Total cases | .. | .. | .. | 208,210 | Total cases | .. | .. | 208,210 |

MILEAGE

| | | | | | | | | |
|-----------------|----|----|----|-----------|-----------------|----|----|-----------|
| Ambulances | .. | .. | .. | 979,568 | Vehicle mileage | .. | .. | 1,714,602 |
| Other Vehicles | .. | .. | .. | 735,034 | Rail mileage | .. | .. | 70,578 |
| Vehicle mileage | .. | .. | .. | 1,714,602 | Total mileage | .. | .. | 1,785,180 |

RAIL

| | | | | | | | | |
|----------|----|----|----|-----|---------|----|----|--------|
| Patients | .. | .. | .. | 803 | Mileage | .. | .. | 70,578 |
|----------|----|----|----|-----|---------|----|----|--------|

STAFF

VEHICLES

| | | | | | | | | |
|----------------------------------|----|----|----|-----|----------------|----|----|----|
| Superintendents | .. | .. | .. | 4 | Ambulances | .. | .. | 36 |
| Duty Officers | .. | .. | .. | 16 | Coaches | .. | .. | 4 |
| Head Drivers and Leading Drivers | | | | 18 | Other vehicles | .. | .. | 27 |
| Driver Attendants and Attendants | | | | 120 | | | | |
| Total Staff | .. | .. | .. | 158 | Total vehicles | .. | .. | 67 |

OTHER INFORMATION

| | | | | | | | |
|----------------------------------|----|----|----|--------|-------------------------------------|----|-----|
| No. of journeys | .. | .. | .. | 39,615 | No. of Ambulance Stations | .. | 8 |
| Patients per 1,000 population | .. | | | 384 | Civil Defence (Ambulance Section):— | | |
| Journeys per 1,000 population | .. | | | 73.09 | Instructors | .. | 16 |
| Average road mileage per patient | .. | | | 8.23 | Volunteers | .. | 156 |
| Average rail mileage per patient | .. | | | 87.89 | Training Vehicles | .. | 4 |

Part II

SCHOOL HEALTH SERVICE

NUMBER OF CHILDREN ON SCHOOL ROLLS

| | |
|--|--------|
| County Nursery Schools | 803 |
| County Primary Schools (including nursery classes) | 52,877 |
| Secondary Modern Schools | 21,613 |
| Selective Secondary Schools | 11,817 |
| Special Schools | 721 |
| | <hr/> |
| | 87,831 |

The school population at the end of 1966 was 4.5% higher than at the end of the previous year.

MEDICAL INSPECTIONS

Periodic medical inspections were carried out during 1966 on the child's entry to school, at ten to eleven years of age and again prior to leaving school.

A total of 25,552 children were examined at these periodic inspections and of these twelve were found to be in an unsatisfactory condition. Although this is an increase when compared with seven found to be in a similar condition during 1965 the downward trend of previous years is continued. This is shown in the following short table:—

| <i>Year</i> | <i>Number of children examined found to be in an unsatisfactory condition</i> |
|-------------|---|
| 1962 | 187 |
| 1963 | 102 |
| 1964 | 13 |
| 1965 | 7 |
| 1966 | 12 |

The following table shows the number of children examined at periodic medical inspections each year since 1955 and the percentage of those children found to have defects requiring treatment:—

| <i>Year</i> | <i>Total School Population</i> | <i>Total No. of children examined</i> | <i>% of children with defects requiring treatment</i> |
|-------------|------------------------------------|---|---|
| 1955 | 57,658 | 14,566 | 7.1 |
| 1956 | 60,628 | 16,203 | 9.8 |
| 1957 | 63,779 | 17,951 | 8.8 |
| 1958 | 67,033 | 17,531 | 10.0 |
| 1959 | 69,901 | 19,902 | 9.3 |
| 1960 | 73,017 | 19,516 | 10.8 |
| 1961 | 75,794 | 23,734 | 9.7 |
| 1962 | 77,429 | 22,802 | 8.7 |
| 1963 | 80,833 | 24,860 | 10.6 |
| 1964 | 82,285 | 26,111 | 11.3 |
| 1965 | 84,024 | 22,284 | 10.2 |
| 1966 | 87,831 | 25,552 | 10.5 |

School Medical Officers carried out a total of 2,038 special inspections and 4,434 re-inspections in addition to the periodic medical inspections. These special inspections were undertaken at the request of parents, school teachers or school nurses; the re-inspections were in respect of children who at previous inspections had been found to have defects which although not requiring treatment needed to be kept under observation.

During the year it was possible to arrange for school medical officers to visit secondary schools every term for the purpose of carrying out medical examinations of pupils. The following reports, and in particular the one from Dr. P. Lavis, Divisional School Medical Officer for the North Bucks/Buckingham/Winslow Division, seem to confirm the expectation that this would improve co-operation between the school and the school medical officer and bring about a better service:—

Dr. P. Lavis:

“ A trial was carried out in a few schools in the North of the County of scattering the Medical Officers' visits throughout the academic year. The idea was to provide a more flexible and useful service by increasing the availability of medical advice. This did not mean an increase in the number of sessions. The trial was most successful and the aim—to investigate problems as soon

as their existence is known—appeared to be feasible. The scheme was extended to the remaining schools in the area in the Autumn Term, with the exception of two schools; one where there are no facilities whatever for such consultations, and the other, where the head-teacher did not wish to participate.

It is hoped, and is indeed proving to be the case, that children are brought forward by parents and teachers before their difficulties become too well established and intractable. As a greater proportion of school medical work is now concerned with the developmental and emotional spheres of childhood, this early consultation should help in the prevention of maladjustment."

Dr. G. M. Hobbin, Divisional School Medical Officer for the Eton Division, had this to say about the arrangements:—

"In September a start was made with the new system of visiting senior schools each school term for routine inspections and special cases. The plan I have adopted as a trial is to examine all Easter leavers plus specials and re-examinees during the Autumn term and the Summer leavers, specials and re-examinees and absentees during the Spring. The senior schools would then be visited again during the Summer school term to see any outstanding absentees and specials, re-examinees and any new admissions not previously included. It is perhaps rather early to say how well this will work. For some years also, two of our largest Infant Schools, viz: Claycots and Wexham Court, have been visited two terms out of three for routine work."

Dr. M. I. McArthur, School Medical Officer, had the following comments to make:—

"As regards the termly visits to senior schools it would now appear that headmasters have become reconciled to this and to see the possible benefits that may arise. I find the presence of school matrons of considerable benefit both as liaison between staff and because of the additional information they can give about children's health throughout the year."

It seems that the arrangements are on the whole accepted by both head teachers and medical staff and it is hoped that they can be extended to all schools in the County in due course.

The arrangements for cleanliness surveys previously carried out by school nurses in every school every term were reviewed during the year and it was agreed that these inspections should be discontinued at the discretion of the Divisional School Medical Officers. The "old" arrangements had resulted in a great number of clean and healthy children being subjected to an unnecessary, and to many, a distasteful examination time and time again.

In future only a few schools will require termly inspections but the school nurses will continue to visit all other schools so that their relationship with the pupils and staff of the schools will not be diminished.

DEFECTS FOUND ON MEDICAL EXAMINATIONS

Detailed information relating to the defects found at periodic, special and re-inspections which required either treatment or observation, is given in Table XI which appears on page 120 of the report.

I have the following comments to make about the more common of these defects:

Skin Disease

Of the children examined at periodic inspections a total of 179 were found to require treatment for skin conditions and of these 36 were entrants, 101 leavers and 42 in the intermediate group. In addition, 20 children examined at special or re-inspections were recommended for treatment. These figures are less than the corresponding totals for 1965.

Eye Defects

Defects of vision were again the most common defect at periodic medical inspections during the year although the total of 1,015 children found to require treatment because of these defects was 61 less than the total for the previous year. Of the children requiring treatment 124 were entrants, 410 leavers and the other 481 in the intermediate group.

There was a very welcome drop in the number of children examined at periodic or special examinations who required to be kept under observation because of defects of vision, the total number for 1966 being 577 as compared with 728 for 1965.

Of the children examined at periodic inspections 128 were found to require treatment because of squint, this total being 19 higher than the total for the previous year. Eighty-four of these children were entrants, 12 were leavers and 32 in the intermediate group, which suggests that the majority of these particular defects are found at a time when they are most likely to be amenable to treatment.

A total of 3,184 children were found during the year to require treatment because of errors of refraction; this total was 54 less than the corresponding total for 1965.

Spectacles were prescribed in 1,276 cases.

In this connection it has to be remembered that children requiring treatment because of defects of vision may be referred for treatment through the family doctor or hospital services as well as through the school health service.

With regard to the treatment of children referred from school medical inspections because of defects of vision, I would like to take this opportunity to record my thanks to Mr. C. B. V. Tait, M.B., B.S., M.R.C.S., L.R.C.P., D.O.M.S., R.C.P.S., who retired from his post of consultant at the School Eye Clinic, Slough, on 30th September, 1966. Although he no longer attends the School Eye Clinic Mr. Tait is still in consulting practice.

Ear Defects

Of the children examined at periodic, special or re-inspections during the year 312 were referred for treatment because of hearing defects whilst another 750 were found to have defects which although not requiring treatment were recommended for observation.

Of the children referred for treatment following periodic inspection 100 were entrants, 40 were leavers and 59 in the intermediate group. These figures suggest again that the majority of the defects are being found early in school life and at a time when treatment is most likely to be successful.

I commented in my report for 1965 on the unfortunate increase in the number of children referred for treatment because of infection of the middle ear. It is with pleasure, therefore, that I report there was a reduction in the number of children examined during 1966 who required treatment for this condition; the total of 50 children requiring treatment is, however, still high but the matter is being kept under review.

No formal system of routine audiometric tests is employed in the County. As part of the steps taken to detect deafness, selective examinations are carried out by health visitors trained in the use of pure tone audiometers. Children thought to have a hearing loss, or who having difficulties which could be associated with a hearing impairment can be referred to the health visitor concerned by teachers or parents. Those children whose responses to the audiometric tests are unsatisfactory or doubtful are referred to the school medical officer for more detailed examination. Thereafter the child can be referred through the family doctor for consultant examination.

The following table gives an indication of the work carried out by health visitors in this particular field:—

| <i>Division</i> | <i>No. of children referred to health visitors for testing</i> |
|------------------------------------|--|
| Amersham/Chesham | 330 |
| Aylesbury | 201 |
| North Bucks/Winslow/ Buckingham | 163 |
| Eton | 156 |
| High Wycombe | 486 |
| Slough | 86 |
| TOTAL | 1,422 |

Audiometric tests were carried out on 31 children in attendance at Wendover House Special School and on 24 children at Krotty Green Special School.

The three Partially Hearing Units in the County continued their work for handicapped children during the year and between 20 and 25 children were in attendance. The Amersham and High Wycombe Units take children from nursery schools and give them help up to the end of the junior course; the Slough Unit caters similarly for children in the junior school age group.

Good co-operation was maintained between the units and the schools to which they are attached. The children attending the units also attend classes in the schools as they become able to follow them and the teachers from the units also give assistance with remedial teaching, supervision, etc. in the schools.

Three children were admitted to the units for the first time in 1966 and four children left to go to special schools. One child was transferred to a secondary modern school in the County after a period of integration at a primary school.

All the children attending the units are carefully considered each year so that appropriate plans may be made for their future education.

Nose and Throat Defects

There was an appreciable decrease in the number of children examined at periodic, special or re-inspections who required treatment because of defects of the nose or throat; the total referred for treatment in 1966 was 242 compared with a total of 364 for 1965. There was also a decrease in the number of children examined at these inspections who, although not referred for treatment, were recommended for further observation because of defects of the nose and throat.

Some 1,545 children received operative treatment during the year for defects of the nose and throat; this figure is, however, misleading since not all school children requiring treatment for nose and throat conditions are referred from school medical inspections; some may be referred by the family doctors to hospital consultants.

Speech Defects

Following examination at periodic, special or re-inspections, 274 children were referred for treatment because of speech defects whilst 219 other children were recommended for observation because of these defects.

Of the children referred for treatment after periodic medical inspections 140 were entrants, 9 leavers and 29 were in the intermediate group.

Children recommended for treatment were referred to the speech therapists who along with Divisional School Medical Officers reported on the work as follows:—

Aylesbury Division

Miss E. A. Williams and Miss G. Coventry:

“ One of the main difficulties noticed this year has been the general retardation in the language ability of infant school entrants. Although this perhaps cannot be classed as a true language defect, it does possibly indicate an increasing lack in speech and language stimulation in many homes. This in turn may have some relationship to the fact that even in cases where parents are apparently willing to help with supportive therapy at home, it is not always carried through. It is becoming more difficult to see new patients immediately after referral. This is due to many more teachers in schools visited being interested in therapy and bringing children forward at special medical examinations; consequently more cases are being referred. Children referred from schools that are not already visited, particularly small village schools, are having longer to wait for treatment because of problems in time-table organisation and in travelling.

During the year some experiments in vertical grouping have been successfully carried out—children of mixed age groups, with varying articulation and language disorders, have been seen together as a unit, sometimes supplementing individual therapy. Nearly all children have responded well to this, particularly the older ones of 7—9 years, who have gained confidence and maturity in helping the younger ones.

Pebble Brook Special School has been added to the list of schools visited weekly. Several of the children have been transferred from other schools in the area, where they were receiving therapy, but there has also been a number of new patients admitted. The types of defect are more varied and in many instances more interesting from the diagnostic and therapeutic point of view than those found in normal schools.

Students from the West End Hospital Speech Therapy Training School have been attending the Aylesbury Clinic.

In November, the second meeting of the Bucks Speech Therapists was held in Aylesbury. Dr. Burne, as principal speaker, talked about 'Emotional Immaturity' and Mrs. J. Shakeshaft, Speech Therapist for Wycombe, spoke about the Glasgow Speech Therapy Conference, which she attended earlier in the year.

These meetings are providing valuable opportunities for discussion of topics of general interest in the County, and encourage greater liaison between the therapists."

| | | | | |
|--------------------------|----|----|----|-------|
| No. on Register 31.12.66 | .. | .. | .. | 171 |
| Attendances | .. | .. | .. | 3,148 |
| Admitted .. | .. | .. | .. | 95 |
| Discharged | .. | .. | .. | 36 |
| Waiting List | .. | .. | .. | 15 |
| Cases treated | .. | .. | .. | 204 |

Amersham Division

Miss K. Wade:—

"Despite the number of schools in the area and the time taken travelling to them the majority of children who have been recommended to have therapy have been seen. The work throughout the year has been concentrated on the primary schools; the senior children whenever possible receiving treatment after school hours.

The children in the Chesham area continue to attend the school clinic and the attendance throughout the year has been high.

Amersham/Chesham

| | | | | |
|--------------------|----|----|----|-----|
| No. on Register .. | .. | .. | .. | 138 |
| Waiting List | .. | .. | .. | 5 |
| New Admissions.. | .. | .. | .. | 48 |
| Discharged | .. | .. | .. | 36 |

Beaconsfield and Knotty Green Special School

| | | | | |
|--------------------|----|----|----|----|
| No. on Register .. | .. | .. | .. | 17 |
| New Admissions.. | .. | .. | .. | 3 |
| Discharged | .. | .. | .. | 4 |

Slough Division

Dr. M. A. Charrett:—

"From the figures shown below it will be seen that the need for speech therapy and the amount of work carried out by speech therapists was almost the same during 1966 as it was during 1965. Two new centres for treatment were added during the year and visits are now paid to 14 schools and clinics including the Day Special School for Educationally Subnormal Children, the Junior Training Centre for Mentally Handicapped Children and the Centre for Cerebral-Palsied Children. Some visits were made to children at home.

"Readers will be interested to see an analysis of categories for which treatment was afforded:

| | | | | | | | | |
|---|----|----|----|----|----|----|----|-----|
| Stammering | .. | .. | .. | .. | .. | .. | .. | 19 |
| Children with articulation defects due to structural abnormality, emotional disturbance, low mental ability, hearing loss, etc. | .. | .. | .. | .. | .. | .. | .. | 94 |
| Children with no language, or with delayed language development | .. | .. | .. | .. | .. | .. | .. | 21 |
| Children with neurological involvement | .. | .. | .. | .. | .. | .. | .. | 7 |
| Voice disorders | .. | .. | .. | .. | .. | .. | .. | Nil |

It was possible for a meeting of all speech therapists in the County to be held during the year and, apart from discussions on problems common to all therapists, talks were given on problems of partially hearing and cerebral-palsied children.

Students from the West End Hospital continued to take their field training at Slough clinics, an arrangement which is valuable to the students and the local speech therapy service alike.

| | | | | | | | 1965 | 1966 |
|---------------------------------------|----|----|----|----|----|----|-------|-------|
| Number on waiting list 31st December | .. | .. | .. | | | | — | — |
| Number being treated on 31st December | .. | .. | .. | | | | 132 | 143 |
| Cases discharged | .. | .. | .. | .. | .. | .. | 46 | 56 |
| Number of new cases | .. | .. | .. | .. | .. | .. | 59 | 69 |
| Total attendances | .. | .. | .. | .. | .. | .. | 3,491 | 3,437 |

Eton Division

Dr. G. M. Hobbin:—

“As regards this School Division, 14 sessions a week are held at eight different centres, including schools, as shown below, for the treatment of language disorders. Eton Rural District school children and pre-school children attend these clinics.

Britwell Health Centre
Wexham Health Centre
Parlaunt Park Health Centre
Burlington Road Health Centre
Wraysbury Primary School
Priory Infants School
Priory Junior School
Denham Health Centre

The Speech Therapists report as follows:—

“One of our colleagues left during the summer and was not replaced until the autumn. Another colleague was fortunate in being able to attend a study group for therapists at Bristol University organised by the Spastic Society. Study Groups and courses are of immense value in refreshing and stimulating further work.

In April, the first County Conference of Speech Therapists was held at High Wycombe. Dr. J. Gray spoke on the partially hearing child, followed by Mrs. Swallow on the cerebral palsied child's speech disorders. Part of the afternoon was spent discussing problems common to all therapists in the County. It is very gratifying to have been able to initiate these conferences. As there is no Senior Speech Therapist for the County, their value is all the more important.

It was thought to be of interest this year to analyse the cases treated, and to divide them into four categories or disorders, for those children receiving treatment at the end of this year. In Eton Rural District the numbers are as follows:—

- 5 Stammerers.
- 39 Children with articulation defects, due to structural abnormality, emotional disturbances, low mental ability, hearing loss, etc.
- 5 Children with no language or delayed language development.
- 4 Children with neurological involvement.
- 5 Voice disorders.”

| | | | | |
|------------------------------|----|----|----|-------|
| No. on waiting list 1.1.66 | .. | .. | .. | 0 |
| No. on waiting list 31.12.66 | .. | .. | .. | 0 |
| No. of new referrals | .. | .. | .. | 34 |
| No. of cases treated | .. | .. | .. | 89 |
| No. of discharges | .. | .. | .. | 31 |
| Current cases at 31.12.66 | .. | .. | .. | 58 |
| Total attendances | .. | .. | .. | 1,150 |

It will be noted that many of the centres where children in this School Division receive treatment are situated in the Borough of Slough. This, as previously pointed out, is inevitable because of the 'bus services and the impossibility of travelling cross-country from one parish to another.

North Bucks Area

Miss L. Dart:—

“ The whole of North Bucks was covered including White Spire Special School in Bletchley.

In September, 1966 a part-time appointment was made which provided a further six sessions a week. This has brought the waiting list down considerably, but with the new schools proposed in the Bletchley area especially, the waiting list will inevitably remain higher than normal.”

| | | |
|--|----|-------|
| Cases under treatment at 1st January, 1966 | .. | 75 |
| No. of cases treated | .. | 195 |
| No. of new cases | .. | 153 |
| No. of cases discharged | .. | 116 |
| No. of cases on waiting list | .. | 81 |
| Total No. of attendances | .. | 3,153 |
| Cases under treatment on 31st December | .. | 118 |

High Wycombe

Mrs. I. Shakeshaft:—

“ During the first half of the year the register of 166 children was maintained with approximately 60 children being given regular weekly treatment and the remainder being kept under observation. Many of the children being observed were reviewed during September—November, 1966, and as a result 61 children were discharged.

The new speech therapist, Miss M. Clayden, who started in January, 1967 will have a register of 96 with 55 children on the waiting list. Obviously there is too much work for one person and the Area eagerly awaits applications for the appointment of a second therapist.

In April the speech clinic was moved from the Municipal Health Centre to the School Clinic, 51 Priory Road, High Wycombe—here is a large room with a cupboard and telephone. This room is shared with the Eye Clinic. It is dark, furnishings are old and the surroundings rather oppressive for the children but decoration has been promised and it is hoped that this will not take too long.

Head Teachers have continued valiantly to search out quiet rooms for treatment in their overcrowded school buildings. Good co-operation with Head Teachers and Teachers has helped greatly in the treatment of the children. Parents have been very good in keeping appointments and the older children, who come on their own, have been good attenders.

The largest group of children seen are still the 4—6 year old delayed speakers, who have immature articulation and language. Many of these children are kept under observation only but parent counselling and consultation with Teachers is of great benefit to the children. Parents are occasionally anxious and Teachers sometimes feel that a child with poor speech will be held up in his reading, usually the therapist does not treat the child where she feels that maturation and the stimulating school environment will bring about the necessary improvement in his speech.

Clinics are held at:—High Wycombe, Marlow, Verney Avenue Special School, Priory Road Special, Wheeler End, Wooburn Infants, Princes Risborough Primary, Berndene Primary, Great Kimble Primary, Danesfield Primary, Flackwell Heath Primary, Castlefield Infants and Bledlow Parochial Schools.

Schools awaiting visits where children need treatment are:—Bookerhill Primary, Tylers Green Primary, Naphill Primary, West Wycombe Primary and Hazlemere Park Primary.”

Heart Defects

Twenty-six children examined at periodic, special or re-inspections during 1966 were referred for treatment because of defects of the heart; of these children 29 were referred for treatment following periodic medical inspection which emphasises the importance of regular medical examination since it may have been that without routine examination some of those children would have “ escaped ” detection.

In addition to the children referred for treatment 172 were recommended for observation because of heart conditions.

Lung Defects

There was a small reduction in the number of children found at periodic, special or re-inspections during the year to be in need of treatment because of lung defects; the total referred being 91 as compared with 102 during 1965. Of this total 74 were referred from periodic inspections and 17 from other inspections.

Another 290 children examined at these inspections were recommended for observation because of lung defects.

It is pleasing to be able to report that tuberculosis in all forms continued to be uncommon in school children as the following table illustrates:—

| NEW NOTIFICATIONS OF TUBERCULOSIS (in age groups) | | | | |
|---|-------------|---------|-----------------|---------|
| Age | Respiratory | | Non-Respiratory | |
| | Males | Females | Males | Females |
| 4 | — | — | 1 | — |
| 5 | — | — | — | — |
| 6 | — | — | — | — |
| 7 | — | 1 | — | — |
| 8 | — | 1 | — | — |
| 9 | 1 | — | — | — |
| 10 | — | — | — | — |
| 11 | — | — | — | — |
| 12 | — | — | — | 1 |
| 13 | 1 | — | — | — |
| 14 | 1 | — | — | — |
| 15 | — | — | — | — |
| 16 | — | — | — | — |
| 17 | — | — | — | — |
| | 3 | 2 | 1 | 1 |

B.C.G. Vaccination

Arrangements continued during the year under which protection against tuberculosis was offered to children prior to leaving school and to students. The following table shows the numbers in each of the school divisions who were skin tested prior to vaccination and of these the number found to be positive reactors and the number found to be negative reactors and subsequently vaccinated:—

| School Division | No. of Children Tested | No. found to be positive Reactors | No. found to be negative Reactors and Vaccinated |
|--|------------------------|-----------------------------------|--|
| Amersham/Chesham .. | 923 | 90 | 733 |
| Aylesbury | 954 | 77 | 877 |
| Eton | 686 | 81 | 605 |
| High Wycombe | 1,811 | 185 | 1,484 |
| North Bucks (including Buckingham and Winslow) | 995 | 113 | 887 |
| Slough | 1,392 | 77 | 1,191 |
| | 6,761 | 623 | 5,772 |

These totals include some children found after skin testing to have been vaccinated previously.

B.C.G. vaccination was also offered to children at Chest Clinics maintained by the Oxford and the North West Metropolitan Regional Hospital Boards as contacts of tuberculous patients. Statistics relating to the school children attending Chest Clinics are as follows:—

Oxford Regional Hospital Board Area

| | |
|--|-----|
| Children attending as contacts for first time | 65 |
| Children examined for the first time for other reasons | 129 |
| Children notified as suffering from respiratory tuberculosis | 4 |
| Children notified as suffering from non-respiratory tuberculosis | — |

North West Metropolitan Regional Hospital Board Area

| | |
|--|-----|
| Children attending as contacts (new and old patients) | 102 |
| Children attending for other reasons | 430 |
| Children notified as suffering from respiratory tuberculosis | 7 |
| Children notified as suffering from non-respiratory tuberculosis | 2 |

It is with particular pleasure that I record my appreciation of the co-operation and help given throughout the year by the staff of the Regional Hospital Boards in tracing and examining contacts of tuberculous patients. In this connection Dr. B. H. Burne, Medical Officer of Health of the Amersham Rural District Council, kindly submitted the following report regarding the action taken following the discovery of extensive tuberculous disease in a member of the school meals staff:—

“ Notification was received from the Consultant Physician of the Amersham Chest Clinic that a school meals worker, aged 47, had extensive tuberculous disease with cavitation in the right lung and was admitted to hospital.

This person had been employed by the Education Authority as a School Meals' worker in the canteen of an infants' school for about two-and-a-half years. On her appointment she had failed to declare her medical history of tuberculosis, although she was asked specifically about illnesses she had suffered from.

It was necessary to very quickly examine the whole of the school before the children broke up for the Christmas holidays. One hundred and fifty-eight children were on the school roll at the time and co-operation was received from all but one parent. Heaf tests were done on 153 children of whom 10 were positive, 5 being positive following previous B.C.G. vaccination.

Arrangements were made to test children at home if they were not well enough to come to school.

A visit was arranged with the Mass Radiography Service for all adult staff and contacts of the case to be chest X-rayed and for Heaf positive unvaccinated children, and children who were not available for Heaf testing, to be X-rayed.

A total of 29 adults and children were X-rayed—one of these (a woman teacher) was referred to the general practitioner, but not because of suspected tuberculous lesion.

It can be seen from this incident that it is important for all individuals concerned with the care of children to realise their individual responsibilities in this matter. In this particular case it seems, at the moment, that the number of Heaf positive children is not greater than that which one might expect from the general average.”

Orthopaedic Defects

Four hundred and two children were referred for treatment because of orthopaedic defects during the year following periodic, special or re-inspections. Of these children 202 had defects of the feet. In addition, 132 children examined at these inspections whilst not requiring treatment were thought to need further observation.

Treatment for these orthopaedic defects continued during the year to be provided at orthopaedic clinics administered by the Regional Hospital Boards, at special remedial classes, or where the needs

were relatively simple, at school by physical education instructors. Remedial classes were held in the Slough Division and the Remedial Gymnast's report on the work undertaken is given below:—

“ The overall picture presented by the figures below is very similar to that of 1965. The usual number on weekly roll is 250, and the average number in each group is 6. Unfortunately, the groups often have to contain 10 pupils, which is too many for effective help.

One hundred and eight parents accepted invitations to visit the schools and to be advised on home treatment. This was a slightly higher percentage than last year and is encouraging.

During the year more children have been recommended to attend for supervision once a month, following a reasonable period of weekly supervision. This is mainly with the older pupils, and those with chest conditions. In some cases quite young children have responded well to this approach.

Time-table planning has again been helped by full co-operation from head teachers and staff, and this has been much appreciated.

| | 1964 | 1965 | 1966 |
|--|------|------|------|
| Number of schools with pupils in need of treatment | 35 | 34 | 34 |
| Total number of new cases referred | 212 | 141 | 167 |
| Total number of children who received treatment | 445 | 405 | 384 |
| Number of children who have been discharged from treatment, or who have left school or district | 184 | 163 | 126 |

Summary of cases treated

| | | | |
|---|-----|-----|-----|
| (a) For foot and knee defects | 245 | 246 | 248 |
| (b) For postural defects | 125 | 88 | 74 |
| (c) For asthma and chest conditions | 69 | 65 | 53 |
| (d) For neurological conditions | 6 | 6 | 9 |

In addition there are 18 cases being treated by the physical education staff at Slough High School and Slough Technical High School.”

Verruca Pedis

During the Easter and Summer Terms the County Chiropodist continued treatment for verruca pedis in certain secondary schools in the High Wycombe area. In August of 1966 a further full-time chiropodist was appointed, part of whose time is devoted to treatment in schools. In addition, a part-time chiropodist was employed on a sessional basis from September for school treatments. As a result, during the winter term treatment has been available in certain secondary schools, depending on the incidence of verrucae in any particular school in the Amersham, Beaconsfield, High Wycombe and Slough areas.

Where the chiropodist confirmed that a child was suffering from verruca pedis the parents were given the opportunity of having the child treated at the school; most parents availed themselves of this service. Thus continuity of treatment is ensured and loss of school time is minimal.

During 1966 a total of 2,711 treatments have been given in schools for verruca pedis.

Foot Inspection at John Collet School, Wendover

In December a complete foot survey of the children at this school was carried out by the County Chiropodist and his assistant.

The following tables give the particulars of the findings:—

TABLE I

| Age Group | 11 | | 12 | | 13 | | 14 | | 15 | | 16 | | 17 | | Totals | |
|--------------------|------------|--------------|------------|--------------|------------|--------------|------------|--------------|------------|--------------|-----------|-------------|-----------|-------------|-------------|---------------|
| | Male 36 | Female 35 | Male 44 | Female 51 | Male 37 | Female 44 | Male 46 | Female 32 | Male 27 | Female 23 | Male 9 | Female 8 | Male 4 | Female 1 | Male 203 | Female 194 |
| Numbers Seen | Single | Multiple | Single | Multiple | Single | Multiple | Single | Multiple | Single | Multiple | Single | Multiple | Single | Multiple | | |
| Digits | 3 | 2 | 3 | 4 | 3 | 4 | 5 | 4 | 2 | 4 | 1 | 2 | | | 32 | 38 |
| Corn-Dorsal | | 6 | | 5 | 1 | 3 | 4 | 4 | 2 | 3 | | 2 | | | 1 | 1 |
| Corn-Apex | | | | 1 | | 1 | | | | | | | | | | 2 |
| Corn-Inter-Digital | | | | 1 | | | | | | | | | | | 1 | 1 |
| Hammer Toe | | | 1 | | | | | | | | | | | | 1 | 1 |
| Mallet Toe | | | | 1 | 1 | 1 | | 2 | | | | | | | 3 | 8 |
| Overlapping Toe | 1 | | | | | 12 | 1 | 9 | | 1 | | | 1 | | 27 | 49 |
| Burrowing Toe | 5 | 1 | 2 | 5 | 4 | | 8 | 1 | 2 | 5 | | | | | 2 | |
| Retracted Toe | | | | | | | 1 | | | | | | | | | |
| Metatarsal Area | | | | | | | | | | | | | | | | |
| Plantar Corn | 2 | | 1 | | | 1 | 1 | 4 | | | | | | | 1 | 1 |
| Plantar Callosity | | | | | 2 | | | | | | | | | | 8 | 7 |

TABLE II

| Age Group | 11 | | 12 | | 13 | | 14 | | 15 | | 16 | | 17 | | Totals | |
|----------------------|------------|--------------|------------|--------------|------------|--------------|------------|--------------|------------|--------------|------------|-------------|------------|-------------|-------------|---------------|
| | Male 36 | Female 35 | Male 44 | Female 51 | Male 37 | Female 44 | Male 46 | Female 32 | Male 27 | Female 23 | Male 9 | Female 8 | Male 4 | Female 1 | Male 203 | Female 194 |
| Numbers Seen | Unilateral | Bilateral | Unilateral | Bilateral | Unilateral | Bilateral | Unilateral | Bilateral | Unilateral | Bilateral | Unilateral | Bilateral | Unilateral | Bilateral | Unilateral | Bilateral |
| Hallux | | | | | | | | | | | | | | | | |
| Hallux Valgus >10° | | | | | | | | | | | | | | | | |
| Hallux Rigidus | 3 | | 2 | 7 | 2 | 8 | 2 | 9 | 1 | 2 | | 2 | 1 | | 4 | 16 |
| Incipient H. Rigidus | | | | | | | | | | | | | | | | 45 |
| Plantar Callosity | | | | | | | | | | | | | | | 5 | |

TABLE III

| Age Group | 11 | | 12 | | 13 | | 14 | | 15 | | 16 | | 17 | | Totals | |
|-----------------|------------|--------------|------------|--------------|------------|--------------|------------|--------------|------------|--------------|-----------|-------------|-----------|-------------|-------------|---------------|
| | Male 36 | Female 35 | Male 44 | Female 51 | Male 37 | Female 44 | Male 46 | Female 32 | Male 27 | Female 23 | Male 9 | Female 8 | Male 4 | Female 1 | Male 203 | Female 194 |
| Numbers Seen | | | | | | | | | | | | | | | | |
| Nails | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Onychocryptosis | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Hypertrophied | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Atrophied | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Distorted | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Sub-Ungal Corns | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |

TABLE IV

| Age Group | 11 | | 12 | | 13 | | 14 | | 15 | | 16 | | 17 | | Totals | |
|-------------------------|------------|--------------|------------|--------------|------------|--------------|------------|--------------|------------|--------------|-----------|-------------|-----------|-------------|-------------|---------------|
| | Male 36 | Female 35 | Male 44 | Female 51 | Male 37 | Female 44 | Male 46 | Female 32 | Male 27 | Female 23 | Male 9 | Female 8 | Male 4 | Female 1 | Male 203 | Female 194 |
| Numbers Seen | | | | | | | | | | | | | | | | |
| General | 7 | 4 | 8 | 10 | 5 | 7 | 10 | 2 | 2 | 2 | 3 | 1 | — | — | 35 | 26 |
| Valgus Foot | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Peg Cavus | 2 | 1 | 2 | 1 | — | — | — | — | — | — | — | — | — | — | 4 | 2 |
| Hyperidrosis | — | 1 | — | 1 | — | — | — | — | — | — | — | — | — | — | — | 2 |
| Knock Knee | 1 | 1 | — | — | — | — | — | — | — | — | — | — | — | — | 1 | 1 |
| Bow Legs | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Unequal Size Feet | — | 1 | — | — | 1 | 1 | — | — | — | — | — | — | — | — | 1 | 2 |
| (more than 1 shoe size) | — | 11 | 8 | 15 | 9 | 6 | — | 11 | 4 | 11 | 2 | 2 | — | — | 38 | 56 |
| Badly Fitted Shoes | 9 | — | 1 | — | 1 | — | — | 1 | — | 1 | 1 | — | — | — | 4 | 2 |
| Infections of the Feet | 1 | — | 3 | 1 | 1 | 1 | 2 | 1 | 2 | — | 1 | — | — | — | 8 | 3 |
| Verruca Pedis | — | — | 2 | 5 | — | 3 | 2 | 5 | 1 | 3 | 3 | — | — | — | 7 | 21 |
| Clawed Toes | 2 | 2 | — | — | — | — | — | — | — | — | — | — | — | — | — | — |

Table 1

From this it will be seen that 21 % of the children suffered from corns and callosities, many of these were in the younger age groups. Nearly twice as many girls as boys suffered from "burrowing" toes, the total being 19 % of those seen.

Table 2

Hallux valgus was noted where the degree of deviation of the first toe was more than 10°, this was seen in 6.4 % of the boys and 33 % of the girls.

Table 3

There were only two cases of abnormalities of the nails, however, it is apparent that few children take adequate care of their toe nails.

Table 4

Nearly a quarter of the children were wearing badly fitting shoes, considerably more girls than boys. In some of these cases the shoes were new and it would appear that they had either not been properly fitted at the shoe shop or the shoe was purchased against the advice of the retailer, some were even purchased by "mail order." Fourteen per cent of the children were found to suffer from valgus foot and 7 % from clawed toes.

From this survey it is apparent that far too many children are suffering from unnecessary lesions and distortions of the feet. If irregularities of children's feet are detected and treated at the right age in most cases, simple conservative correction can achieve satisfactory results and prevent the necessity of surgical intervention in later years. Much more attention needs to be paid to the fitting of both shoes and hose, the fitting of so-called "stretch socks" being particularly suspect.

Cerebral Palsy Unit, Slough

Dr. M. A. Charrett, Divisional School Medical Officer, reports as follows on the work undertaken during the year:—

"At the end of 1966 twenty-one children were on the register of the centre and of these eight were under the age of five years. Seven of the children receive full-time education, two have individual sessions according to their needs and the remainder have care and training in the Nursery or Care Section. The maximum number of children who were on the register at any one time during the year was twenty-six; six children left, five because they went to other centres, three of which were residential, and one left the country to return to the West Indies.

Liaison with local Nursery, Primary and Special Schools has continued and expanded; one child is, indeed, now attending full-time at the nearby Day Special School.

The physiotherapist was as busy as ever, giving individual treatment to 18 children and group treatment to four others in addition to occasional treatment to another three; advice and treatment was given as necessary to another four 'out-patients.' The Centre continued to be fortunate in obtaining an adequate supply of training aids and a working arrangement is growing up between the Centre and the suppliers of calipers and other such apparatus.

Although not all the children need help with speech, defects of speech are very common among cerebral-palsied children and eight children received regular training and treatment individually as well as another six who were trained and treated in a Group. Hearing problems continued to take up much time of the staff and the difficulties which many children have with muscular control often makes it extremely difficult to know the extent of hearing loss or sometimes, indeed, to know whether hearing or deafness does in fact exist.

The Bucks and Berks Branch of the Association for Riding for the Disabled very kindly continued to give horse-riding facilities to the children at East Burnham Park; not only do the children enjoy thoroughly the weekly 'lessons' but they seem to become more alert and their sense of balance improves; attendance must be accompanied by our own skilled staff, however, to ensure that the children do not undertake unsuitable exercises nor become too tired.

Dr. J. Rubie, the Consultant Paediatrician continued his visits throughout the year seeing not only children attending the Centre but other cerebral-palsied children in the Area—indeed the Centre acts as an out-patient department for spastic children. This not only gives a close medical link between the hospital and local authority service but gives the Centre staff a closer

link with the community and also allows parents of cerebral-palsied children to know of facilities available for their children and for advice and guidance to be given to them and their children from a very early age.

The need for early decision upon secondary age education of children from this Centre has always to be borne in mind. Sometimes placement for older children may be easy but more often than not it is difficult and education is likely to be interrupted if sufficient foresight has not been used. Each child has to be looked upon individually as it seems unlikely that special provisions will be made in this area for some time.

In addition to its official function the Centre acts as a meeting place for older spastics who visit once a month and it is also the centre of the activities of parents and friends; these valuable links ensure not only a wider knowledge of the value of the Centre but enables those faced with similar problems to share their burdens with others.

Children with multiple handicaps need the services of many specialists, often at the same time. For example a child will not learn if he is uncomfortable and so the teacher gains much from the advice of the physiotherapist in the classroom; feeding is often difficult and advice and help from the speech therapist in the dining room is invaluable. Similarly the teachers and nurses help the specialists by reporting variations in the children's reactions to play and work from day to day. A Centre is only as good as its Head and his Staff—I think our Centre is a very good one."

Handicapped Pupils

Dr. Patricia Herdman, Principal Medical Officer, kindly submitted the following report:—

"During the year 269 children were newly ascertained as requiring special educational treatment, an increase of 32 over the figure for 1965. This reflects the increase in the school population and shows continuing alertness and enthusiasm on the part of the medical officers. Twenty-three extra educationally subnormal pupils, eight physically handicapped and eight delicate pupils were ascertained while fewer were newly described as maladjusted.

The trend continues whereby social workers are asked to assist in the care of families with severely handicapped children. For this all their skill and close liaison with the school medical officers is needed. Fortunately trained social workers are increasing in number and many find work with these families most rewarding.

The education of children with the severer handicaps presents certain problems in a county where, for geographical reasons, some pupils have to attend residential schools. Day units and classes, where the numbers warrant it, give to the children the best of two worlds; education according to their needs and the benefit of living in their own homes, and the latter is particularly valuable when the children are young. There are eight such units in the county for pupils of primary school age.

When the children are older they are better able to enjoy residential schools and to react favourably to the stimulus of meeting new people and making new friends from different parts of the country.

There are seven special schools in the county, all catering for the educationally subnormal pupils. Other educationally subnormal pupils go to schools outside the County and yet at the end of the year 282 pupils with this handicap were awaiting admission to a special school.

Plans are in being for a new school for the maladjusted boys which, it is hoped, will be built in the not too distant future. We are fortunate in that the psychiatrists at the child guidance clinics are able to maintain contact by holiday consultations with the maladjusted pupils outside the county, but more continuous care will be possible when the new school opens.

The happy relationship which exists between our colleagues in the education department and ourselves continued during the year. I am grateful to the head teachers of three of the special schools in the county who have kindly contributed short reports on their schools.

Verney Avenue School, High Wycombe

"There are 132 pupils on roll, 87 boys and 45 girls, ranging in age from 10 years to 16 years. Their IQ's vary between 50 and 120 (a psychotic boy)—but the average would be about IQ 68.

We are not able to admit all those children whose names appear in the waiting list, and consequently our policy is to accept those whose limitations are most pronounced.

All the children basically are educationally sub-normal, but with some it is difficult to determine whether their dullness is inherent or, to use rather loose terminology, whether it has been "acquired."

For example we have eight children from Children's Homes, who were deprived at an early age of affection and security.

We have 13 children who display clinical evidence of maladjustment, or emotional disturbance.

4 are physically handicapped.

2 are epileptics (petit mal).

3 were diagnosed by the S.M.O. as being "brain injured."

3 suffered from School Phobia.

2 are delicate.

3 are high-grade mongols.

2 have chronic heart trouble.

3 are children with partial hearing.

1 is partially sighted.

We have 1 extremely psychotic, non-communicating girl.

The Divisional S.M.O. and his Staff, the Child Guidance Clinic and the Educational Psychologist co-operate very closely with the School. The Speech Therapist visits the School one afternoon each week, and two children are receiving treatment."

Knotty Green School, Penn Road, Beaconsfield.

"Although this school is primarily for the higher grade E.S.N. girl from 10—16 years, the present I.Q. range is 53—98.

The higher grades are mostly girls requiring remedial teaching, so they only remain here for 2—3 years before returning to the County Secondary School.

There are 37 Boarders and 39 Day Girls. The boarders are girls who require boarding school education, or whose homes are in isolated districts. The school work is based on the individual approach to learning, with emphasis on practical work. Whenever possible, educational visits are arranged in connection with the school programme, the girls travelling on public transport as much as possible. Careers visits are also arranged for the older girls.

Some of the boarders are members of the Parish Church Choir, and others belong to the G.F.S. There is a flourishing Guide Company, which gives the girls another interest.

Evening activities are organised as Clubs—Drama, Handicraft, Needlework, Physical Activities.

Adjoining the school is a large house which is used as a hostel for the oldest girls. The girls are trained in the running of a home, and prepared for when they start work."

Wendover House School

"During the year work has proceeded on the building of a new wing to the school. When this is completed extensive alterations are to be made to the interior of the main residence. The final result will be the provision of a dining room large enough for all members of the School, served by a new kitchen, stores, etc. Administrative and staff rooms will also be transferred to the new building and there is to be a boys' common room and woodwork room. The present central heating system is to be modernised and served by central oil fired boilers. Alterations to the main residence will result in improved bathing and washing facilities, etc., and new medical and sick room accommodation, with an extra dormitory. It is hoped that the whole establishment will then fully meet the Department of Education requirements.

An analysis of entrants and leavers over the school's period of existence up to July, 1966 was recently presented to the School Managers; it showed—

| | |
|--|----------------|
| Average length of stay | 2 10/12 years |
| Average age on entry | 12 1/12 years |
| Average age on leaving | 14 11/12 years |
| Average Reading Age on entry | 6.9 years |
| Average Reading Age on leaving | 10.2 years |
| Average I.Q. | 79 |
| Number of leavers (18 years) | 312 |
| To ordinary Secondary School or Further Education | 84 |
| At 15+ for employment | 70 |
| At 16+ for employment | 125 |
| Other reasons incl. transfers | 33 |

The results show that the average length of stay is tending to rise as more boys stay the full term until they are 16. Reading ages are also tending to rise, at the moment the average reading age in the Senior Group is over 11 years. This means that the majority of boys leaving the school are well able to cope with most reading material necessary for their employment. When the Neale Analysis of Reading Ability is used it shows that generally speaking the rate of reading is slower than with normal children, accuracy of reading is satisfactory, comprehension tends to lag about a year behind the figure for accuracy. The average I.Q. has remained constant over many years."

Section 57 Procedure

It will be noted in Table XV on page 123 of this report that the number of pupils who were subject to new decisions recorded under Section 57 of the Education Act 1944 during the year was four compared with 38 in 1965.

This reduction is the result of a decision to discontinue the formal action required by Section 57 for all pupils when agreement of the parents, the education and health authorities has been obtained. It is hoped that this will ease the transfer of pupils from schools to training centres and vice versa and prove less emotionally disturbing to the parents. A pamphlet has been produced for the parents of all pupils who are recommended for admission to the training centre which describes the facilities available and mentions the parents right of appeal against exclusion from the education system.

Formal action under Section 57 of the Education Act will continue to be used, however, in a minority when it is necessary to ensure that pupils will receive the most appropriate training according to their ability.

Psychological Defects

Of the children examined at periodic medical inspections during the year a total of 115 were referred for treatment because of defects of development or stability. In addition, 347 children examined at these inspections and found to have these defects were recommended for observation.

A total of 130 children examined at special or re-inspections were also recommended for treatment because of defects of development or stability.

Some of the children recommended for treatment were found to require treatment because of enuresis and in this connection Dr. B. H. Burne, Deputy Divisional School Medical Officer, submitted the following report regarding the use of enuresis alarms:—

" It is just over a year since this service was established in this Division of the School Health Service and I thought you might be interested in a brief report, particularly as several practitioners new to the area have recently enquired.

Cases of nocturnal enuresis in children of school age are referred to me by school doctors and general practitioners, the general practitioner being consulted in each case where initiative is taken by the school doctor.

The following are some of the results:—

Number of cases dealt with during the year 1966..... 48

Age range: These have been from 4½ years to 16 years.

“ Very intelligent children at the age of 5 are able to co-operate but most authorities prefer to leave training with the alarm until the age of 7.

The method is applicable to adults who suffer from the same disability but none have been referred in this particular instance.

The sex ratio is male to female: 3 to 1.

The waiting list is usually two to three months and there have been two cases who have cleared up spontaneously whilst being on the waiting list.

Number recovering or establishing complete bladder control after an initial training period of about four weeks..... 41

Number of relapses reported by parents (but suitable for a further training period)..... 3

Number of unco-operative children failing to accept the apparatus either because they were too immature emotionally or the family too unstable to co-operate..... 4

I propose to arrange a further follow up on the cases dealt with, by circular letter to the parents.

Most children seem to have neither emotional nor organic causes for this disorder, although there are many causes which might contribute—(e.g. several of the mothers have been deaf).

It is very likely that antisocial behaviour or emotional difficulties *secondary* to long-standing enuresis are being avoided by successful training.

I have had no reports of electrolytic skin changes (“ buzzer ulcers ”) as reported by Borrie and Fenton (B.M.J. 1966, 2, 151-2).

The results we have achieved seem to be rather better than those generally reported, for instance, “ Health of School Child 1964/65, pages 12 and 13, where only half the number were improved. As can be seen from the details above a very much higher success rate can be achieved.”

Child Guidance Service

During the year under review a fourth child guidance team was established. The County was then covered by four teams; Dr. M. Lindsay took over the direction of the team in the Aylesbury and North Bucks areas, with clinics in Aylesbury and Bletchley, from Dr. E. M. Booth; Dr. C. E. Bagg moved to Chesham to direct the team based there; Dr. J. Lindsay took over the direction of the High Wycombe team whilst Dr. M. I. Pott continued to direct her team in Slough.

The retirement of Dr. Edith M. Booth from her post with the Child Guidance Service in April, 1966 cannot go without mention and I am indebted to her successor, Dr. Mary Lindsay, for the following appreciation of her services:—

“ One could say Dr. Booth’s retirement marked an end of an era, for she had been seeing children and their families in the area for twenty-five years—first at the Royal Buckinghamshire Hospital, when she was a psychiatrist at St. John’s Hospital and later at the Child Guidance Clinic which was opened in 1954 and of which she was the first Clinical Director. The necessity for a Child Guidance Clinic in the Aylesbury, Wycombe and Bletchley areas had been seen and considered in many quarters for a long time. Once the Clinic was established in County Council premises Dr. Booth’s hard work and enthusiasm gave great impetus to its growth. As with all pioneering projects it had many difficulties. Initially, the Clinic had its premises in one room in Pebble Lane, Aylesbury, later moving to the Old Chapel in Buckingham Street, Aylesbury. Especially while at Pebble Lane Dr. Booth was working in difficult conditions and, with only an educational psychologist and a secretary, she provided a service for Bucks children and their families. She had determination and courage—courage was needed for there is nothing more disheartening than seeing how much has to be done and being able to tackle only a fraction of it. In addition she was working without the support of a full child guidance team. From the start in one room in Pebble Lane, Aylesbury, she built up the Aylesbury and Bletchley Clinics to their present high standards. She also laid the foundation of the Clinic in High Wycombe and when

that was handed over to Dr. Bagg established the Bletchley Clinic which she ran single-handed for three months."

"The loyalty Dr. Booth inspired in the staff with whom she worked was considerable and it was due to her leadership that they worked so well together as a team. The children and families that came to her clinics found sympathy, help and understanding. She gave of herself for she really cared for them and had real concern for their well-being. She did not confine herself to the narrow aspects of child guidance but opened her doors to other departments, especially paediatric departments and she also took a great interest in the preventive aspect of psychiatry in the County and built up a fund of goodwill from the many people with whom she worked."

The Consultant Psychiatrists reported as follows on the year's work:

Dr. M. Lindsay:—

"The year has seen many changes, but for the first four months the Clinics continued as they were at the end of 1965 except that Dr. Janet Lindsay came over for one session a week, initially to see Princes Risborough patients. In preparation for her retirement, Dr. Booth worked even harder than usual, making a special effort to reduce the waiting list. In Aylesbury she saw 19 new patients and in Bletchley 36. She also discharged a number of children and their families, many of whom had been attending for some years. The remedial teaching class continued in both clinics under Mrs. Hopkins. In Aylesbury there were 32 children attending, five of whom were coming once a week and the remainder twice a week. In Bletchley there were 18 children coming twice a week and here the class was held in the playground which was not conducive to work.

As always in Bletchley, times were elastic because many children came in by ambulance.

Then in April the axe fell. Dr. Booth retired, Mrs. Hopkins fell ill and the remedial teaching classes had to be discontinued in both Clinics. In Aylesbury Mrs. Munday, the psychotherapist, had to leave due to family circumstances.

Mrs. Munday's departure was a great loss to the Clinic for she was a valuable member of the team for three years. Amongst the number of children she saw were some with the most difficult problems. She was able to give them regular treatment for one hour a week.

With the staff cut by half, both Clinics continued to function. At Aylesbury Dr. Janet Lindsay continued to come over from High Wycombe for one morning a week to see Aylesbury children and her presence was of great help. The Clinic is immensely grateful to her for all she did—it could not have been easy for she had so much to do at High Wycombe. She saw 34 new cases and supported most of them.

The main responsibility for the running of the two clinics was left to Mr. Wheeler and Miss Hamilton with the part-time, though valuable, help of Mrs. Elvin, and the way they managed was remarkable. Between them they carried the old cases who could not be discharged and also gave some help to Dr. Janet Lindsay.

In Bletchley Miss Hamilton and Mr. Wheeler dealt with 15 urgent new cases, bringing one to Aylesbury for Dr. Lindsay's medical opinion.

All this put considerable strain on those concerned, including the secretaries from both clinics—Miss Stopp and her assistant, Miss Street, at Aylesbury and Mrs. Barnett at Bletchley. Without their help it would have been impossible to keep things running so efficiently. They remained good-humoured and tactful to staff and clients alike, and to those outside the clinic who continued to press their claims.

The extra work was not without its casualty and Mr. Wheeler was on sick leave for three months from September to the New Year. In fact, for one week after he was ill and before Miss Hamilton returned from a well earned holiday, the secretaries were entirely on their own, except for the one morning a week when Dr. Janet Lindsay came in.

When I took over in October, Mrs. Hopkins had returned to Aylesbury but the class in Bletchley was discontinued. The task that greeted me, however, was still considerable for by then the waiting lists had grown again and all the children and their families that I saw were new to me. So the waiting lists were not brought down as they might have been and I saw 11 urgent cases only in Bletchley and in Aylesbury 10. I was greatly helped by Miss Hamilton; her knowledge of those already attending and her support were invaluable to me.

Mrs. Elvin was only here for a short time after I came. She had to leave as her husband was moving to Cambridge. I found her presence here of considerable help, her loss to the Clinic was great and I was sorry to see her go.

It seems as if the team is building up again and I have great hopes for the coming year."

| | <i>Aylesbury</i> | <i>Bletchley</i> |
|--|------------------|------------------|
| Waiting list at 31.12.66 | 29 | 25 |
| Number of cases seen for full investigation during 1966 .. | 63 | 62 |
| Number of children attending at 31.12.66 | 109 | 91 |

Dr. C. E. Bagg:

" The Chesham Child Guidance Clinic was opened in January, 1966. The planning had been made possible by the appointment of Dr. Janet Lindsay as an additional Consultant Child Psychiatrist to this Southern part of the County. It is housed in the school clinic premises in Germain Street, and it serves the areas of Chesham, Amersham, the Chalfonts and Beaconsfield.

From the outset the clinic has been fortunate in possessing excellent secretarial service, but in the first half of the year the amount of available psychiatric social worker time consisted of only two sessions per week during the school terms and none in the school holiday periods. Some of the children treated at the clinic during the year had of course already been attending at High Wycombe at the time the clinic there dealt with cases from the Chesham area. Hence, although some of these cases have been closed during the year, if the anticipated heavy influx of referrals had occurred probably few of the children attending would have received adequate attention. Fortunately, however, during the period of staff shortage the referral rate was of manageable proportions in relation to the staff available. Throughout the latter part of the year the rate of referrals progressively increased, as it became known that children and their families from the Chesham area can now be seen shortly after their referral—in contrast to the situation which had obtained before the appointment of an additional psychiatrist. It has nevertheless proved possible to cope with this increase, since in September Mrs. Oakley, whom the Local Authority had kindly seconded to the Mental Health Course held at the L.S.E. in the previous year, returned to the clinic as a qualified psychiatric social worker. As a result at the end of the year there was a waiting list of only two weeks.

The main staffing difficulty at present, therefore, lies in the shortage of time available to the educational psychologist, since although the Authority also kindly increased the establishment of educational psychologists from one to two for the High Wycombe/Chesham area, no appointment has been possible because of lack of applicants. Unfortunately there is no peripatetic specialist remedial teacher in the area.

In spite of their somewhat unprepossessing nature in terms of Child Guidance needs, it has nevertheless been possible for us to carry out the work of the clinic at the Germain Street premises in 1966. Difficulties have been inevitable, however, because these premises are not primarily designed for child guidance work, and are used for various other purposes, such as for school clinics and for the administration of the health visitor and home help organisations. Adaptation has therefore been necessary by the various personnel involved. Although the presence of the health visitors has been of considerable help in making for easy discussion of cases of mutual concern, an over-riding disadvantage has been that it has been impossible for all the members of the Child Guidance Team to be present at the same time. It is, of course, useful to have accommodation available in the clinic for the Psychologist's testing of children and interviewing of parents, as the school facilities are often inadequate for this purpose. The clinic team would especially like to express their gratitude to the Home Help Organisers for allowing us to share their office and to the Local Authority for the steps that have been taken to investigate the possibilities of structural alterations to the premises, such as sound-proofing. These will be most welcome, but the future accommodation requirements of an expanding service will also need to be kept in mind during the present planning stage.

In 1966 we have shared with the High Wycombe clinic the use of the class for maladjusted children held there, but as the total pressure on this single class for the combined areas has always been heavy, and as the Chesham clinic serves a smaller population, we have restricted our referrals accordingly. Those who have attended the class from this area, however, have improved to an extent that has been very worthwhile indeed, and which could not have been achieved by any other means. Hence we look forward to the time when facilities may become available for the use of such a class entirely devoted to the Chesham cases.

In summary, it can be reported that in the first year of its existence this new clinic has taken shape; and the advances achieved, and the limiting factors requiring solution, have come into focus. Two aspects are particularly pleasing. The first is that the families from this part of the County are now spared the burdens of time and expense previously involved in travelling to High Wycombe. The second is the beneficial effect conferred on the waiting list by the existence of a separate organisation planned to cope exclusively with the population of this locality. Since early treatment and frequency of attendances are of such great importance in the principles of clinical and preventive psychiatry, our warm thanks are due to all those whose work on behalf of the clinic has made it possible for us to fulfil these requirements."

1966 Chesham Child Guidance Clinic Figures

| | | | | | |
|-----------------------|----|----|----|----|---------------------------|
| New cases referred | .. | .. | .. | .. | 40 |
| Cases seen | .. | .. | .. | .. | 76 |
| Waiting List | .. | .. | .. | .. | 2 |
| Cases Closed | .. | .. | .. | .. | 35 |
| Clinic Attendances | .. | .. | .. | .. | 344 |
| Total Clinic Sessions | .. | .. | .. | .. | 121 (3 sessions per week) |

Dr. J. Lindsay:—

“ In January, 1966, the number of the sessions at the Child Guidance Clinic at High Wycombe was doubled, and a new Clinic opened at Chesham to deal with the children in that area. This has meant that the waiting list has now virtually disappeared and children can be seen within four to six weeks of referral.

The number of new children seen was 225 (this included 83 cases from the waiting list). The number of new cases referred in 1966 increased and was 142.

The term Child Guidance Clinic has now become a misnomer and gives a distorted idea of the function of the Clinic. Child Psychiatric Clinics (as they should now be called) no longer deal with environmental factors only, but also with those children where the disability lies in the child himself (e.g. retardation, brain damage, epilepsy, psychosis, etc.) More and more emphasis is now also being placed on preventive work.

The clinic works closely with schools (through the School Psychological Service), the Probation Service and paediatricians.

Since January, 1966 one session a fortnight is now being spent on the in-patients at Amersham General Hospital, advising on and treating children suffering from physical illnesses, and one session a fortnight on an out-patient basis with the paediatrician. This works very successfully. The paediatricians are also very helpful in admitting the less disturbed children from the psychiatric clinic, e.g. those children suffering from soiling or enuresis who have proved resistant to treatment on an out-patient basis. They cannot however deal with more disturbed children and for this we need a psychiatric in-patient unit.

The Park Hospital for Children in Oxford have helped us by admitting our more seriously disturbed children, but these requests have to be limited due to the heavy demands on this hospital for admissions. We are also grateful to the E.E.G. Department of The Park and Warneford Hospitals for carrying out our electroencephalograms.

Dr. L. Woolf of the Radcliffe Infirmary very kindly carried out biochemical investigations.

As in other clinics we deal with a great number of disturbed families and concentrated social work is required. At the beginning of the year Mrs. Oakley was still away on a Mental Health Course at the London School of Economics. We were fortunate to obtain the temporary part-time services of Mrs. G. Leggett, and are sorry that she has now had to give up work. We were pleased to welcome Mrs. Oakley on her return in September, and she has to work at both Chesham and High Wycombe Clinics and is therefore overburdened. Despite this, and because of the recognition of the need to attract more people into child psychiatric work, she has, at the request of the Oxford University Department of Social and Administrative Studies, taken on a student from their Child Care and Probation Course.

The Educational Psychologist, Mrs. George, has also to work at both clinics and she performs a very valuable service by co-ordinating the School Psychological Service and the clinic. She also supervises the fourteen remedial teachers for small groups of backward readers in various schools. The calls on the School Psychological Service continue to increase and the need for an additional educational psychologist remains. We have been fortunate in obtaining the services of Mr. R. Jones as a Peripatetic Specialist Remedial Teacher who works with clinic cases and the School Psychological Service and has proved a valuable asset to the Service and the clinic staff.

The class for maladjusted children provides a very important service. The most significant change in its composition in the last year has been the increased intake of children within the five to eight year range. As these children's attitudes have not yet become entrenched the work with them is more speedily effective and their ultimate readjustment is likely to take less time. The success of this class is an indication of the value of a therapeutic environment of this kind and we look forward to the time when enlarged premises and staffing will make it possible to increase the volume of work.

In a service of this kind the secretarial staff form an important therapeutic role in the smooth running of the clinic and in receiving the children and their parents and often helping with the

children. We have been very fortunate in this respect of having the services of Mrs. Dovey and Mrs. Warder, and we regret that we must lose Mrs. Warder due to family reasons.

The child psychiatric clinic's functions are limited if out-patient facilities only are available. It would seem that the next step in the development in this county ought to be the establishment of either a Day Unit or an In-Patient Unit.

In my first year as Consultant at the High Wycombe Clinic I would like to record my thanks to Dr. Townsend and his department and to my staff at the clinic for all the support and assistance that they have afforded me."

Dr. M. I. Pott:

"The figures for 1966 show that the number of referrals is keeping pace with the increase of school population though the percentage has always been low—just under 1%. The number of maladjusted children is far higher than this but we are only just able to keep abreast of this number without allowing a large waiting list to grow. Which children get referred seems fortuitous and arbitrary—depending on the awareness of the doctors and teachers, parents and others of the psychological problems lying behind maladjustment, delinquency and illness.

We are pleased to find that this year there has been a tendency to refer pre-school children and this is of positive value in preventive work. We have developed a pre-school therapy group which meets once a week. The children are seen by one of the psychologists, the mothers group by a social worker. Both parents and children are most receptive at this age and we believe later problems may be avoided.

In October 1966 I gave up one child guidance session to work for the R.H.B. at Wexham Park Hospital Out-Patients. This session for child psychiatry at the hospital is most interesting as rather a different type of case is referred to the hospital from those who are referred to the Clinic. The R.H.B. appointed Dr. Elizabeth Browne for two sessions and we were delighted to welcome her to the Slough Child Guidance Clinic in November.

During the year we have had further staff changes—Mrs. Paxton left in September to undertake training as a psychiatric social worker and we were fortunate in being able to appoint Mrs. Smart in her place. Mrs. Smart is a trained social worker who has quickly become a most helpful member of the clinic staff. She cannot, however, work as many sessions as Mrs. Paxton did.

During this year our accommodation has improved slightly as we have taken over three rooms vacated by the health visitors but we still have to share rooms with the family planning and ante-natal clinics.

Throughout the year we have had close contact with other workers in the area and are grateful for their continued help and co-operation in spite of the difficulties all the services have on account of shortage of staff."

SCHOOL NURSING SERVICE

Health visitors and health assistants continued to work closely with the teaching staff of the schools to promote the health of the children. Health visitors undertook rather less of the sessional work, giving more time to consultations with staff about individual children and visits to the home—providing an important link between school and home on health matters.

Their work is summarised below, with figures for 1965 in brackets:—

Health Visitors

| | | | | | | |
|---------------------------|----|----|----|----|----------------|---------|
| Sessional work in schools | .. | .. | .. | .. | 924 sessions | (874) |
| Home visits | .. | .. | .. | .. | 3,149 sessions | (2,304) |

Health Assistants

| | | | | | | |
|---|----|----|----|----|----------------|---------|
| School medical inspections | .. | .. | .. | .. | 1,611 sessions | (1,427) |
| Health surveys | .. | .. | .. | .. | 717 sessions | (777) |
| Preparation for medical inspection and vision testing | .. | .. | .. | .. | 766 sessions | (662) |
| Ophthalmic clinics | .. | .. | .. | .. | 62 sessions | (46) |
| Audiometry clinics | .. | .. | .. | .. | 198 sessions | (28) |
| B.C.G. | .. | .. | .. | .. | 122 sessions | (97) |

Routine health surveys were replaced in the North Bucks Area by a more flexible system. Surveys were only carried out when and where thought necessary by the health visitor or head teacher concerned.

The time saved has been used to good purpose for the additional eye testing of the 8—9 years and 12—13 years age groups, revealing an approximate 3—3½% referral rate for defects.

The vision of all children is checked when due for medical inspection and also at 7—8 years old.

Among an increased school population of 87,831, only 388 children were found to be infested with nits or lice during the year.

Most of the health assistants are now trained in the use of the pure-tone audiometer and, where practicable, carry out the tests for the health visitor. A greatly increased number of audiometric tests were made—1,422 compared with 691 in 1965. Requests came from Medical Officers, general practitioners, parents and teachers.

Advice concerning health and hygiene is given to groups and individual pupils within the schools by both health visitors and health assistants and a watch is kept for any signs of defects or other problems of health arising in the schools.

HEALTH EDUCATION

During the year Health Education continued to expand in schools, much of it given by the teachers themselves and as usual, the medical, dental and health visiting staff were involved as well as the health education staff.

In all some 574 sessions, many continuing throughout a full morning or afternoon, were undertaken by the staff of the County's Department of Health and Welfare and a wide range of health subjects were dealt with.

The major one is still dental health education, and the combined efforts of the dental auxiliary, oral hygienist, and area health education staff ensured that the large majority of both junior and senior schools are having instruction on this vital aspect of personal health. Once again use was made of the mobile cinema of the Oral Hygiene Service.

Another subject dealt with frequently, because of its importance, was smoking and health.

In the majority of the primary schools there appears to be an awareness by the teachers of the need to give guidance on the simple rules of health, and when this is carried out thoroughly there is no doubt as to its value in establishing a pattern of behaviour for the future.

It is encouraging that in the secondary schools there is developing a tendency to have short courses of talks, and discussions with the visiting speakers, as opposed to the single isolated visit, and this has a tremendous advantage in building up communication between the speaker and the pupils. This is especially valuable when the more intimate subjects are under discussion.

There is still a great need to equip children with a better knowledge of both personal and public health, and although the requirements of individual schools must of necessity vary, it is becoming increasingly obvious that more planned health education should be incorporated in the curriculum of every primary and senior school.

SCHOOL DENTAL SERVICE

Mr. C. H. Griffiths, Principal School Dental Officer submitted the following report on the school dental service:—

“The school dental services of the County again expanded during the year.

Modern equipment was installed in a number of clinics and waiting-room accommodation was improved in Aylesbury and Slough clinics.

A new mobile dental caravan was taken into use in May, and this, together with the other two mobile dental units, made it possible for dental treatment to be provided at a number of schools, where formerly the children had to make long journeys for treatment at a fixed clinic. It was also possible to transport children from the smaller schools by mini-bus and other means, to the larger school where the mobile dental unit was stationed. This arrangement which was introduced last year has proved very satisfactory. The amount of dental treatment provided in the mobile dental units has increased considerably during the last few years, and the caravans are in use throughout the year. It is felt this is a very important part of the work of the school dental service.

In the schools in the urban areas of the County, a large number of the children are having regular dental treatment from practitioners in the General Dental Service and from the School Dental Service, and their dental health is on the whole good, but in the more rural areas, where treatment is more difficult to obtain, the need for regular visits of the mobile dental units to the schools is very evident. The increased acceptance rate from children in these schools is indicative of this need being fulfilled.

The toothpaste survey, mentioned in my previous reports, carried out by Professor P. M. C. James, continued for a further year on a group of selected children, and it is hoped that the final results of this investigation will soon be published.

The annual survey of some of the children at the Orchard School, Slough, who have had the benefit of a natural fluoride content in their drinking water, was carried out, and again indicates a much reduced incidence of dental caries when compared with a control group of children who have not had the advantage of a water supply containing natural fluoride.

The topical application of a fluoride solution to the teeth of a selected group of children attending one of the clinics continued during the year.

Staff

It was not possible to reach the full establishment of dental officers, during the year, but the total number of full-time equivalent sessions undertaken remained about the same as for the previous year. We were sorry to lose the services in December of Mrs. Barker and Mrs. Bodenhams, two members of our part-time staff, who had been with us for some time in the Slough and Chesham areas.

Miss J. Morris, a Dental Auxiliary, commenced work in the Slough Clinic in September and has done valuable work both in the clinical and health education fields.

Dental Health Education

The work of the Oral Hygienist and Dental Auxiliary continued, and most of the schools in the Slough and High Wycombe areas had lectures and films on dental health by members of the staff. We have also had a great deal of help from the County Health Education staff in other areas in this field.

Some of our dental officers spoke to Mothers' Clubs and similar groups on the care of children's teeth.

In all, the dental staff alone talked to more than ten thousand children in seventy schools during 1966 about dental hygiene.

The work of dental health education is a most important aspect of preventive dentistry and I feel the staff of a local authority having facilities to give talks and demonstrations in the schools is in a position to play a most important part in the instruction of children in the basic rules of good dental hygiene.

The mobile cinema of the Oral Hygiene Service again visited the County, and great interest was shown in this form of health education and particularly by an American Dental Hygienist tutor who saw the cinema in operation at Chenies School.

We were also visited by dental surgeons from Holland, who saw some of our clinics and the research being carried out into the effectiveness of various toothpastes.

Courses and Conferences

A short course for dental officers was held at Missenden Abbey Adult Education College in May again this year when we were privileged to have lectures from the Deputy County Medical Officer and from the staff of the Department of Children's Dentistry of the Royal Dental Hospital. This refresher course was valuable in keeping the staff informed in the latest techniques and methods of treatment in dentistry for children. Some of the staff also attended a symposium on Children's Dentistry at the Royal College of Surgeons, and others attended the Conference of the British Dental Association.

Statistics

I am pleased to report that it was possible to inspect and treat more children than in previous years. The increased use of the mobile clinics has enabled many more rural schools to be treated. The number of fillings done and the number of courses of treatment completed was also increased, as was the number of teeth extracted. The number of emergency treatments fell slightly as did the number of children for whom it was necessary to provide dentures.

The proportion of teeth filled to the number of teeth extracted remained much above the national average, both for deciduous and for permanent teeth, indicating that the conservation

of teeth, rather than their extraction has been the aim of our service. The number of courses of treatment devoted to the more advanced type of conservative work continued to remain considerable. The number of children treated for the correction of dental and jaw abnormalities continues to be high, as is indicated in the report of the Orthodontist which follows. This is a most important part of the School Dental Service and the improvement in appearance and function resulting from orthodontic treatment often has a marked effect on the child's development.

In general the dental health of the children of Buckinghamshire is good. Most children in the County have dental treatment either from the General Dental Service or from the School Dental Service and one rarely sees the neglected mouths that were common some years ago.

It is hoped that preventive measures, such as water fluoridation and the extension of dental health education will further reduce the necessity for extensive dental treatment in the years to come.

I would like to thank the staff of the Education Department who have been most helpful in co-operating in all aspects of dental inspection and treatment. I would also like to thank the Consultant Anaesthetists for their continued expert help during the year."

ORTHODONTIC TREATMENT

Miss A. Blandford the County Orthodontist, submitted the following report on her work during the year under review:—

"During the year 415 new patients were referred for orthodontic treatment by the school dental officers. In addition, 1,244 children whose treatment commenced prior to 1966 continued to receive treatment.

Removable appliances fitted totalled 291, 147 of which were fitted for new patients. The remainder were fitted for those children whose treatment had reached a more advanced stage. Of the 162 children whose treatment was completed during the year, some were by extraction only but most by appliance therapy.

Children referred to the dental department of Stoke Mandeville Hospital numbered 65, some for radiography, a few for surgery prior to orthodontics, but the greatest number for orthodontic treatment carried out jointly by the schools service and the staff of the hospital."

SCHOOL MEALS SERVICE

The following report has been submitted by the County School Meals Organiser:—

CENSUS FOR AUTUMN TERM 1966

| Meals for a day in | | | | | September, 1966 | September, 1965 |
|---------------------------------|----|----|----|----|-----------------|-----------------|
| Number of pupils present | .. | .. | .. | .. | 79,889 | 77,087 |
| Number taking school dinners | .. | .. | .. | .. | 60,661 | 56,268 |
| | | | | | i.e. 75.93% | i.e. 73.09% |
| Number of dinners provided free | .. | .. | .. | .. | 1,573 | 1,432 |
| | | | | | i.e. 2.66% | i.e. 2.58% |
| Milk | | | | | | |
| (a) <i>Maintained Schools</i> | | | | | | |
| Number of pupils present | .. | .. | .. | .. | 80,205 | 77,333 |
| Number drinking milk | .. | .. | .. | .. | 59,381 | 58,103 |
| | | | | | i.e. 74.03% | i.e. 75.13% |
| (b) <i>Independent Schools</i> | | | | | | |
| Number of pupils present | .. | .. | .. | .. | 9,675 | 10,432 |
| Number drinking milk | .. | .. | .. | .. | 8,609 | 9,330 |
| | | | | | i.e. 87.32% | i.e. 89.43% |

"The number of children taking meals again shows an increase over the previous year and the percentage of diners (75.93%) is the highest achieved.

The percentage of pupils taking milk in maintained schools has decreased—this drop in numbers is, to a great extent, in the secondary schools. The numbers have also dropped in the independent schools.

Since January, 1966, 26 new kitchens have been opened. This includes four new replacements kitchens in old schools—three of which were brought up to standard—and two kitchens in old schools where there was no cooking kitchen.

Some existing kitchens have also been improved, particularly by replacing glazed sinks and wooden draining boards with stainless steel units.

Meetings of kitchen staff continue to be held in each division and every effort is made to see that food is prepared, cooked and served under as hygienic conditions as possible.

PHYSICAL EDUCATION

Miss J. K. Clark and Mr. C. Franks, Organisers of Physical Education submitted the following report:—

Swimming

“ This aspect of physical education in schools continues to play an important part in the school programme, particularly during the Summer Term. More “ learner ” pools are completed every year and schools are most enthusiastic in their efforts to raise money towards the provision of their own pools. The value of a pool on your own school site is obvious and the results obtained by the number of pupils of all ages who learn to swim as a result certainly prove this point.

In the open-air publicly-owned pools, the schools make full use of the facilities that are available during the Summer Term. For instance, all schools in the North Buckinghamshire and Buckingham areas of the County send parties of either junior or senior boys and girls for swimming instruction. It is hoped that this happy position can be repeated in other areas of the County as the number of publicly-owned and school pools increases.

The Schools' Annual Gala was held in Slough on 1st July and the Divisional Championships of the English Schools' Swimming Association at Oxford on 8th October. Some swimmers and divers were selected to represent the Division in the National Championships in Cardiff on 28th and 29th October, and the results showed that the standard of swimming in the County continues to improve.

Courses

During the year the following refresher courses for teachers were held:—

| | |
|--------------------------------------|---|
| Archery | Bletchley |
| Athletics | Aylesbury |
| Basketball | High Wycombe |
| Canoeing | Bisham Abbey (near Marlow) |
| Cricket | Slough |
| Dance (Primary) | Aylesbury |
| Fencing | Slough |
| Movement Education (Primary) | Slough, Missenden Abbey |
| Swimming | Amersham Chalfont St. Peter High Wycombe Slough Wolverton |
| Trampolining and Volleyball | Green Park, Aston Clinton |

Courses for Pupils in Secondary Schools

One week residential courses at which pupils spent most of the time taking part in physical activities proved very popular and great credit is due to the teachers who gave up a great deal of their own time to supervise them.

They were attended by the following numbers:—

Crystal Palace National Recreation Centre

207 girls, 192 boys and 33 teachers from 17 secondary schools during five weeks in October and November.

Shortenills, Chalfont St. Giles

180 boys and 45 girls from eight secondary schools during January, February, March, May, July and September.

Camping and Outdoor Activities

During the summer term the tented camp near Wolverton, where children stay from Monday to Friday, was used by 407 children and 28 teachers from 11 primary schools and at weekends by 106 youth club members and 19 leaders.

During three weeks in June and July 169 children and 12 teachers from five primary and one secondary school used the Bucks Schools' Camp Association Camp at Nettlestone, Isle of Wight.

Duke of Edinburgh Award

The following details have been supplied by Miss M. Roydes, the County Award Officer.

Organisations taking part on 1st September, 1966

- 5 Grammar Schools
- 1 Comprehensive School
- 1 Technical School
- 22 Secondary Modern Schools
- 16 Youth Clubs
- 2 Colleges of Education
- 3 Commercial or Industrial Firms

New Entrants

Bronze 319
Silver (Direct entry) 28
Gold (Direct entry) 20

Total Participants

Bronze 444
Silver 141
Gold 29

Awards gained during 1966 up to 1st September

Bronze 158
Silver 22
Gold 3

Since these figures were put together a further four secondary schools have started the Award Scheme, two other commercial firms have become interested and about 15 young people have started the Scheme entirely on their own as unattached candidates.

These figures do not take into account young people doing the Scheme in voluntary organisations or non L.E.A. youth centres or those affiliated to the Bucks Association of Youth Clubs or the Bucks Association of Boys Clubs.

School Sports Associations

Through Associations which organise competitions at school, district and county level boys and girls of outstanding ability are given the opportunity of taking part in representative matches. It is worthy of mention that in 1966 the Schools County Cross Country teams won the Minor Counties Championship and the Athletics teams won the Minor Counties Championship for the third year running.

Bucks Schools' Camp Association

Thanks to teachers who willingly give up a week of their summer holidays to take children, the Bucks Schools' Camp Association's camp at Nettlestone, Isle of Wight, was full to capacity from the 14th July until 4th August.

Numbers were as follows:—Girls, 380; Boys, 344; Adults, 175; TOTAL, 899. From: 33 primary, 8 modern and 2 selective secondary schools."

MILK IN SCHOOLS

Mr. G. L. Davis, the Chief Inspector, reporting on the Milk-in-Schools Scheme, states:—

"Supervision of milk supplies to schools under the Milk-in-Schools Scheme continued as in previous years. All samples were tested for quality, cleanliness, adequate heat treatment and disease infection where appropriate. Sources of supply are approved by the Principal School Medical Officer.

152 samples of pasteurised milk were checked and all were satisfactory as were 155 samples tested for quality. Only one school received untreated milk; this supply was free from tubercle and brucella infection.

As in other years 1966 brought a series of complaints of unsatisfactory milk supplies. Each was investigated carefully and where the fault lay with the dairyman a caution was given. Glass, metal foil caps, a piece of polythene, paint, general dirt and discoloured congealed milk were found in school milk bottles.

Several complaints concerned a dairy which had recently been modified to become a pasteurising and bottling plant. Difficulties with inexperienced staff resulted in poor quality production but an improvement is now being maintained.

Where one head teacher complained that the milk had a strong unpleasant odour and that one bottle contained a piece of polythene, it was found that the dairy staff was reduced to half its normal complement by an influenza epidemic. The dairymen were cautioned and the school was credited with a day's supply of milk."

INFECTIOUS DISEASES

The table which follows gives some indication of the incidence of infectious diseases in children attending schools in the County with the exception of schools in Slough. The details show that whilst the number of cases of measles was only about half the total for 1965 there was a very considerable rise in the number of cases of mumps notified. There was also an appreciable increase in the cases of german measles.

| | 1959 | 1960 | 1961 | 1962 | 1963 | 1964 | 1965 | 1966 |
|---------------------------|-------|-------|-------|-------|-------|-------|-------|-------|
| Diphtheria .. | — | 3 | — | — | — | — | — | — |
| Scarlet Fever .. | 122 | 90 | 24 | 22 | 41 | 17 | 23 | 37 |
| Measles | 1,515 | 113 | 931 | 448 | 781 | 296 | 844 | 428 |
| German measles .. | 27 | 66 | 103 | 893 | 194 | 40 | 141 | 239 |
| Whooping cough .. | 86 | 48 | 20 | 6 | 82 | 62 | 28 | 18 |
| Poliomyelitis .. | 2 | 1 | 1 | — | — | — | — | — |
| Chickenpox .. | 699 | 821 | 165 | 486 | 727 | 578 | 509 | 418 |
| Mumps | 508 | 530 | 575 | 120 | 493 | 802 | 117 | 695 |
| Other | 1,486 | 42 | 132 | 12 | 50 | 34 | 67 | 36 |
| TOTAL .. | 4,445 | 1,714 | 1,951 | 1,987 | 2,368 | 1,829 | 1,729 | 1,871 |
| % of school population .. | 6.3 | 2.3 | 2.5 | 2.6 | 2.9 | 2.2 | 2.06 | 2.13 |

In addition to the infectious diseases listed in the table above there was an outbreak of infective hepatitis during the Autumn Term at a primary school in Chesham.

With reference to this particular disease it has been agreed that the Department should co-operate with the Public Health Laboratory Service in the field trial of the use of gammaglobulin during outbreaks of infective hepatitis. In the past the trial dealt only with cases arising in residential establishments.

During the year it was decided to extend the trial to outbreaks which might occur in day schools. Contacts of cases attending the primary school in Chesham were allocated to either a control group or to a group to be given gammaglobulin. The response of the parents in agreeing to their children coming forward for injection was excellent.

The number of cases of infective hepatitis in the area was known accurately since notification to the Medical Officer of Health for Chesham is required.

Gammaglobulin was given on 26th October, 1966 and the school remained under surveillance for six months after the last case was notified:—

| | | | | | | | | | |
|---|----|----|----|----|----|----|----|----|-----|
| Number of cases | .. | .. | .. | .. | .. | .. | .. | .. | 7 |
| Number of contacts | .. | .. | .. | .. | .. | .. | .. | .. | 148 |
| Number of doses of gammaglobulin given | .. | .. | .. | .. | .. | .. | .. | .. | 93 |
| Refusals and defaulters | .. | .. | .. | .. | .. | .. | .. | .. | 34 |
| Number of cases of infective hepatitis which occurred amongst globulin protected contacts | .. | .. | .. | .. | .. | .. | .. | .. | Nil |
| Number of cases of infective hepatitis which have occurred in the control group of contacts | .. | .. | .. | .. | .. | .. | .. | .. | 1 |

SCHOOL HYGIENE AND SANITATION

The following schools have had improvements to washing and sanitary accommodation carried out during 1966:—

Buckingham and Winslow District

Buckingham C.I. School .. Outside lavatories replaced by internal toilets.

North Bucks Division

Newport Pagnell Nursery School Lavatories extended and improved.

Newport Pagnell C.I. School .. External lavatories demolished and new sanitary accommodation provided.

Aylesbury Division

Haddenham C.P. School .. Improvements to hot water supply.

Wing C.P. School .. Provision of hot water supply to toilets.

Aston Clinton C.P. School .. Provision of hot water supply and additional lavatory basins.

Queens Park C.P. Schools .. Provision of new lavatory accommodation to Junior school.

Southcourt C.I. School .. Provision of staff W.C. and lavatory basin.

Ludgershall C.E. Primary School Replacement of chemical closets with W.C.'s (septic tank).

Waddesdon C.P. School .. Provision of internal W.C.'s for Girls

Brill C.E.P. School .. Provision of sink and water supply.

Amersham and Chesham Division

Tringwood Grange Institute, .. Alterations to toilets to provide female accommodation.
Chesham

Newtown C.I. School .. Provision of wash-room.

Chesham C.J. School for Girls Provision of sinks in cloakroom.

Jordans C.P. School .. Outside lavatories demolished and new internal sanitary accommodation provided.

Wycombe Division

| | |
|---------------------------------|--|
| Hatters Lane C. Sec. Schools .. | Additional toilets and wash-basins in shower rooms (both schools). |
| Downley C.P. School | Provision of new internal toilets and wash-basins (old buildings). |
| Foxes Piece C.I. School .. | Provision of additional urinal. |

Eton and Slough Division

| | |
|--|---|
| Claycots C.P. School | Glazed tiling to toilets. |
| Colnbrook C.P. School .. | Improvement to staff toilets. |
| Iver C.P. School | Hot water supply to Infants toilets. |
| Churchmead C. Sec. School .. | Improvement to boys toilets. |
| Woodside C. Sec. School .. | Provision of toilet for Headmaster and visitors. |
| New Denham C.P. School .. | Outside lavatories replaced by internal lavatory accommodation. |
| Slough College of Further Education .. | Installation of water softening plant. |
| Huntercombe Manor | Connection to main drainage. |

THE FOOD HYGIENE (GENERAL) REGULATIONS 1960 and 1962

The following schools had improvements to canteens and wash-ups carried out during 1966:—

Buckingham and Winslow District

| | |
|---------------------------|--|
| Buckingham C.I. School .. | New kitchen and dining/assembly hall. |
| East Claydon C.P. | Re-organisation of kitchen and installation of oil fired cooker. |

North Bucks Division

| | |
|--------------------------------|--|
| New Bradwell C. Sec. School .. | Re-organisation of kitchen. |
| Newport Pagnell C.I. School .. | New kitchen provided within classroom block, dining hall improved and redecorated. |
| Newport Pagnell Nursery School | Kitchenette provided. |
| Newport Pagnell C.J. School .. | New dining hall formed in existing hall. |

Aylesbury Division

| | |
|---|---|
| Queens Park C.J. and Infants .. Schools | Re-arrangement of cooking area and improvements to working tops. |
| Edlesborough C.P. School .. | Improvements to wash-up. |
| Haddenham C.E. Primary .. | Replacement of sink and wood drainers with stainless steel unit. |
| Wendover C.E. Primary School | Provision of W.C. and lavatory basin for kitchen staff. Provision of gas fired boiler and additional hot water supply. |

Amersham and Chesham Division

| | | |
|---------------------------------|-------|---|
| Chalfont C. Sec. School | .. | Kitchen re-modelled and re-equipped. Canteen extended and improved. |
| Jordans C.P. School | .. .. | New kitchen and dining/assembly hall provided. |
| Lowndes C. Sec. School | .. | Renewal of sinks and drainers with stainless steel unit. |
| Chalfont St. Peter C.E. School | | Improvements and renewal of floors, glazed tiling to walls. |
| Chesham Central Kitchen | .. | Improvements to vegetable washing facilities. |
| Waterside School Annexe Servery | | Renovations and improvements to floor surfaces. |
| Chenies C.P. School | .. .. | Glazed wall tiling and minor improvements. |
| Thomas Harding C.P. School | .. | Glazed wall tiling and renewal of sinks. |
| Little Chalfont C.P. | .. .. | Improvement to internal drainage and outlets. |
| Ashley Green C.E. School | .. | Improvement to internal drainage and outlets. |
| Chesham Sec. Technical School | | Glazed wall tiling. |
| Holmer Green C.P. School | | } Installation of stainless steel steriliser sinks and wash-up units. |
| St. Joseph's R.C. School | .. | |
| Seer Green C.E. School | | |
| Woodside C.J. School | | |
| Russell C.P. School | | |

Wycombe Division

| | | |
|-----------------------------------|-------|--|
| Micklefield C.P. School | .. .. | Kitchen re-modelled and improved. |
| Spring Gardens C.J. School | .. | Provision of new kitchen and dining room. |
| Princes Risborough C. Sec. School | .. | Kitchen and dining room re-modelled and enlarged. |
| Hatters Lane C. Sec. Schools | .. | Provision of gas fired boiler and additional hot water supply. |

Eton and Slough Division

| | | |
|---------------------------------|-------|--|
| Lynch Hill C.P. School | .. | Concrete area for refuse containers. |
| Iver Heath C.P. School | .. | Concrete area outside kitchen. |
| Eton Wick C.E.P. School | .. | Alteration to existing buildings to provide new kitchen and dining room. |
| Our Lady of Peace R.C.P. School | .. .. | Installation of stainless steel steriliser sinks and wash-up units. |

MEDICAL INSPECTION AND TREATMENT

Number of pupils on registers of maintained primary and secondary schools (including nursery and special schools) in January, 1966, as in Form 7, 7M, 8b and 11 Schools 87,831

TABLE I
PERIODIC MEDICAL INSPECTIONS

| Age Groups inspected (By year of Birth) | No. of Pupils who have received a full medical examination | PHYSICAL CONDITION OF PUPILS INSPECTED | | Pupils found to require treatment (excluding dental diseases and infestation with vermin) | | |
|--|--|--|----------------|---|---|-------------------------|
| | | Satisfactory | Unsatisfactory | For defective vision (excluding squint) | For any other condition recorded at part II | Total Individual pupils |
| | | No | No | | | |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) |
| 1960 and later | 447 | 447 | — | 4 | 23 | 26 |
| 1961 | 4,657 | 4,656 | 1 | 57 | 343 | 376 |
| 1960 | 4,188 | 4,186 | 2 | 69 | 367 | 430 |
| 1959 | 573 | 573 | — | 14 | 50 | 64 |
| 1958 | 301 | 299 | 2 | 14 | 32 | 45 |
| 1957 | 418 | 416 | 2 | 12 | 20 | 29 |
| 1956 | 3,678 | 3,676 | 2 | 201 | 207 | 392 |
| 1955 | 2,938 | 2,937 | 1 | 152 | 176 | 319 |
| 1954 | 435 | 435 | — | 26 | 32 | 56 |
| 1953 | 139 | 138 | 1 | 13 | 21 | 34 |
| 1952 | 1,374 | 1,373 | 1 | 93 | 114 | 197 |
| 1951 & earlier | 6,404 | 6,404 | — | 381 | 345 | 703 |
| TOTAL | 25,552 | 25,540 | 12 | 1,036 | 1,730 | 2,671 |

TABLE II

OTHER INSPECTIONS

| | | | | |
|-------------------------------|---|---|---|-------|
| Number of Special Inspections | — | — | — | 2,038 |
| Number of Re-inspections | — | — | — | 4,434 |
| TOTAL .. | | | | 6,472 |

TABLE III

INFESTATION WITH VERMIN

| | | |
|---|---------|--------|
| Total number of individual examinations of pupils in schools by school nurses or other authorised persons | .. .. . | 68,954 |
| Total number of individual pupils found to be infested | .. .. . | 388 |
| Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) | .. .. . | — |
| Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) | .. .. . | — |

TABLE IV

EYE DISEASES, DEFECTIVE VISION AND SQUINT

| | | | |
|---|-------|----|-------|
| External and other, excluding errors of refraction and squint | ... | .. | 314 |
| Errors of refraction (including squint) | .. | .. | 3,184 |
| | | | <hr/> |
| | TOTAL | .. | 3,498 |
| Number of pupils for whom spectacles were prescribed | .. | .. | 1,276 |

TABLE V

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

| | | | | | | | | | |
|--|-------|----|----|----|----|----|----|-------|--|
| Received operative treatment— | | | | | | | | | |
| (a) for diseases of the ear | .. | .. | .. | .. | .. | .. | .. | 156 | |
| (b) for adenoids and chronic tonsilitis | .. | .. | .. | .. | .. | .. | .. | 1,418 | |
| (c) for other nose and throat conditions | .. | .. | .. | .. | .. | .. | .. | 127 | |
| Received other forms of treatment | .. | .. | .. | .. | .. | .. | .. | 59 | |
| | | | | | | | | <hr/> | |
| | TOTAL | .. | | | | | | 1,760 | |
| Total number of pupils in schools who are known to have been provided with hearing aids— | | | | | | | | | |
| (a) in 1965 | .. | .. | .. | .. | .. | .. | .. | 20 | |
| (b) in previous years | .. | .. | .. | .. | .. | .. | .. | 85 | |

TABLE VI

ORTHOPAEDIC AND POSTURAL DEFECTS

| | | | |
|---|-------|-----|-------|
| (a) Pupils treated at clinics or out-patients departments | ... | — | 171 |
| (b) Pupils treated at school for postural defects | .. | .. | 402 |
| | | | <hr/> |
| | TOTAL | ... | 573 |

TABLE VII

DISEASES OF THE SKIN

(excluding uncleanness, for which see Table III)

| | | | | | | | | |
|---------------------|-------|----|----|----|----|----|----|-------|
| Ringworm—(a) Scalp | .. | .. | .. | .. | .. | .. | .. | 1 |
| (b) Body | .. | .. | .. | .. | .. | .. | .. | 2 |
| Scabies | .. | .. | .. | .. | .. | .. | .. | 1 |
| Impetigo | .. | .. | .. | .. | .. | .. | .. | 11 |
| Other skin diseases | .. | .. | .. | .. | .. | .. | .. | 15 |
| | | | | | | | | <hr/> |
| | TOTAL | .. | | | | | | 30 |

TABLE VIII

CHILD GUIDANCE TREATMENT

| | | | | | | |
|--|----|----|----|----|----|-----|
| Pupils treated at Child Guidance clinics | .. | .. | .. | .. | .. | 864 |
|--|----|----|----|----|----|-----|

TABLE IX

SPEECH THERAPY

| | | | | | | |
|-------------------------------------|----|----|----|----|----|-----|
| Pupils treated by speech therapists | .. | .. | .. | .. | .. | 991 |
|-------------------------------------|----|----|----|----|----|-----|

TABLE X

OTHER TREATMENT GIVEN

| | | | | | | |
|---|-------|----|----|----|----|-------|
| (a) Pupils with minor ailments | .. | .. | .. | .. | .. | 1,599 |
| (b) Pupils who received convalescent treatment under School Health Service arrangements | .. | .. | .. | .. | .. | 5 |
| (c) Pupils who received B.C.G. vaccination | .. | .. | .. | .. | .. | 5,772 |
| (d) Other than (a), (b) and (c) above. | | | | | | |
| Verrucae | .. | .. | .. | .. | .. | 142 |
| Sundry Foot Ailments | .. | .. | .. | .. | .. | 105 |
| Enuresis | — | .. | .. | .. | .. | 62 |
| | | | | | | <hr/> |
| | TOTAL | .. | .. | | | 7,685 |

TABLE XI
DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS
DURING THE YEAR

(1965 figures in parentheses)

| Defect Code No. (1) | Defect or Disease (2) | | PERIODIC INSPECTIONS | | | | SPECIAL INSPECTIONS |
|------------------------------|-----------------------------------|---|----------------------|-----------|-----------|-------------|------------------------|
| | | | Entrants | Leavers | Others | Total | |
| 4 | Skin | T | 36 (56) | 101 (61) | 42 (72) | 179 (189) | 20 (33) |
| | | O | 32 (33) | 25 (20) | 18 (28) | 75 (81) | 36 (44) |
| 5 | Eyes—a. Vision .. . | T | 124 (113) | 410 (300) | 481 (375) | 1,015 (788) | 243 (288) |
| | | O | 225 (156) | 161 (194) | 191 (206) | 577 (556) | 174 (172) |
| | b. Squint .. . | T | 84 (44) | 12 (5) | 32 (15) | 128 (64) | 34 (39) |
| | | O | 57 (46) | 3 (5) | 8 (14) | 68 (65) | 35 (29) |
| | c. Other .. . | T | 10 (9) | 4 (3) | 7 (9) | 21 (21) | 13 (12) |
| | | O | 5 (6) | 3 (14) | 6 (12) | 14 (32) | 6 (11) |
| 6 | Ears—a. Hearing .. . | T | 100 (126) | 40 (39) | 59 (58) | 199 (223) | 113 (222) |
| | | O | 288 (151) | 45 (23) | 127 (75) | 460 (249) | 290 (235) |
| | b. Otitis Media.. . | T | 20 (29) | 12 (1) | 6 (18) | 38 (48) | 12 (20) |
| | | O | 49 (43) | 5 (3) | 10 (10) | 64 (56) | 29 (22) |
| | c. Other .. . | T | 2 (8) | 8 (5) | 4 (10) | 14 (23) | 4 (17) |
| | | O | 10 (17) | 2 (3) | 6 (—) | 18 (20) | 6 (6) |
| 7 | Nose and Throat .. . | T | 100 (151) | 25 (45) | 51 (62) | 176 (258) | 66 (106) |
| | | O | 250 (327) | 12 (23) | 61 (105) | 323 (455) | 126 (180) |
| 8 | Speech .. . | T | 140 (71) | 9 (2) | 29 (21) | 178 (94) | 96 (154) |
| | | O | 99 (101) | 4 (5) | 18 (26) | 121 (132) | 98 (121) |
| 9 | Lymphatic Glands .. . | T | 13 (15) | 1 (2) | 2 (1) | 16 (18) | 6 (6) |
| | | O | 39 (25) | — (2) | 8 (4) | 47 (31) | 14 (10) |
| 10 | Heart .. . | T | 15 (15) | 8 (8) | 6 (6) | 29 (27) | 7 (10) |
| | | O | 72 (25) | 16 (8) | 20 (29) | 108 (101) | 64 (102) |
| 11 | Lungs .. . | T | 36 (24) | 13 (10) | 25 (17) | 74 (51) | 17 (51) |
| | | O | 97 (101) | 27 (16) | 51 (66) | 175 (183) | 115 (131) |
| 12 | Developmental—a. Hernia .. . | T | 12 (9) | 2 (3) | 6 (8) | 20 (20) | 5 (3) |
| | | O | 18 (18) | 3 (6) | 9 (8) | 30 (32) | 12 (10) |
| | b. Other .. . | T | 17 (9) | 25 (7) | 60 (49) | 102 (49) | 21 (27) |
| | | O | 111 (83) | 6 (18) | 48 (75) | 165 (176) | 83 (110) |
| 13 | Orthopaedic—a. Posture .. . | T | 12 (19) | 18 (16) | 19 (36) | 49 (71) | 13 (50) |
| | | O | 23 (26) | 12 (13) | 20 (19) | 55 (58) | 9 (45) |
| | b. Feet .. . | T | 83 (70) | 26 (30) | 58 (72) | 167 (172) | 45 (95) |
| | | O | 110 (71) | 25 (35) | 22 (57) | 157 (163) | 80 (81) |
| | c. Other .. . | T | 52 (16) | 32 (29) | 20 (25) | 104 (70) | 24 (41) |
| | | O | 54 (40) | 23 (17) | 29 (31) | 106 (88) | 43 (46) |
| 14 | Nervous System—a. Epilepsy .. . | T | 6 (5) | 4 (1) | 8 (6) | 18 (12) | 15 (6) |
| | | O | 19 (21) | 6 (8) | 9 (11) | 34 (40) | 20 (27) |
| | b. Other .. . | T | 14 (3) | 7 (3) | 10 (5) | 31 (11) | 13 (8) |
| | | O | 49 (24) | 6 (12) | 10 (16) | 65 (52) | 25 (59) |
| 15 | Psychological—a. Development .. . | T | 28 (44) | 10 (4) | 29 (30) | 67 (78) | 86 (149) |
| | | O | 155 (141) | 8 (23) | 48 (66) | 211 (230) | 191 (219) |
| | b. Stability .. . | T | 15 (18) | 12 (6) | 21 (18) | 48 (42) | 44 (40) |
| | | O | 74 (73) | 12 (5) | 50 (32) | 136 (110) | 149 (124) |
| 16 | Abdomen .. . | T | 5 (1) | 29 (6) | 10 (7) | 44 (20) | 10 (3) |
| | | O | 17 (4) | 11 (4) | 7 (7) | 35 (15) | 15 (15) |
| 17 | Other .. . | T | 23 (35) | 39 (16) | 38 (49) | 100 (100) | 30 (37) |
| | | O | 99 (71) | 50 (63) | 79 (87) | 228 (221) | 137 (123) |

(T)=The number of pupils found to require treatment. (O)=The number of pupils found to require observation.

TABLE XII

[illegible]

ORTHODONTICS

| | | |
|--|-------|-------|
| Number of attendances made by pupils for orthodontic treatment | .. | 2,734 |
| Half days devoted to orthodontic treatment | .. .. | 372 |
| Cases commenced during the year | .. .. | 460 |
| Cases brought forward from the previous year | .. .. | 1,244 |
| Cases completed during the year | .. .. | 193 |
| Cases discontinued during the year | .. .. | 43 |
| Number of pupils treated by means of appliances | .. .. | 192 |
| Number of removable appliances fitted | .. .. | 348 |
| Cases referred to and treated by Hospital Orthodontists | .. .. | 68 |

(These figures include all orthodontic treatment carried out by the orthodontist and dental officers).

TABLE XIII

| Name and Address | Number of Classes or Units | | | | No of pupils |
|--|----------------------------|-------------------|------------------------|-------------|--------------|
| | Partially Sighted | Partially Hearing | Physically Handicapped | Maladjusted | |
| The Partially Hearing Unit, The Lea County Infant's School, Grasmere Avenue, Slough | - | 1 | - | - | 8 |
| Unit for Partially Hearing Children, Terriers County Primary School, Terriers, High Wycombe | - | 1 | - | - | 8 |
| Unit for Partially Hearing Children, Woodside County Junior School, Mitchell Walk, Amersham | - | 1 | - | - | 8 |
| Special Class for Maladjusted Pupils, Roberts Road Clinic, High Wycombe | - | - | - | 1 | 18 |
| George Green Adjustment Class, attached to: Wexham Court County Junior School, Church Lane, Wexham, Slough .. | - | - | - | 2 | 20 |
| Centre for Cerebral Palsied Children, Elliman Avenue, Slough | - | - | 1 | - | 21 |
| Home group for Physically Handicapped Children, Amersham | - | - | 1 | - | 5 |

TABLE XIV
HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS
APPROVED UNDER SECTION 9(5) OF THE EDUCATION ACT, 1944
OR BOARDING IN BOARDING HOMES

| During calendar year ended 31st December, 1966 | Blind (1) | Parti- ally Sighted (2) | Deaf (3) | Parti- ally Hearing (4) | Physic- ally Handi- capped (5) | Delicate (6) | Malad- justed (7) | E.S.N. (8) | Epileptic (9) | Speech Defects (10) | TOTAL (11) |
|--|--------------|----------------------------------|-------------|----------------------------------|--|-----------------|-------------------------|---------------|------------------|---------------------------|---------------|
| A. Handicapped pupils newly assessed as needing special educational treatment at special schools or in boarding homes | 2 | — | 3 | 4 | 16 | 17 | 31 | 193 | 3 | — | 269 |
| B. (i) No. of children included at A newly placed in special schools (other than hospital special schools) or boarding homes | 2 | — | 1 | — | 4 | 8 | 3 | 45 | 2 | — | 65 |
| B. (ii) No. of children assessed prior to 1st January, 1966, newly placed in special schools (other than hospital special schools) or boarding homes | — | — | 3 | 2 | 4 | 3 | 2 | 113 | 1 | — | 128 |
| TOTAL (B(i) and B(ii)) .. | 2 | — | 4 | 2 | 8 | 11 | 5 | 158 | 3 | — | 193 |
| C. (i) No. of handicapped pupils requiring places in special schools— | | | | | | | | | | | |
| (a) day | — | — | — | — | 2 | — | — | 217 | — | — | 219 |
| (b) boarding | — | 1 | 2 | 1 | 9 | 10 | 18 | 65 | 2 | — | 108 |
| C. (ii) included at (i) who had not reached the age of 5 and were awaiting— | | | | | | | | | | | |
| (a) day places | — | — | — | — | — | — | — | — | — | — | — |
| (b) boarding places .. | — | — | 1 | — | — | — | — | — | — | — | 1 |
| C. (iii) included at (i) who had reached the age of 5, but whose parents had refused consent to their admission to a special school, were awaiting:— | | | | | | | | | | | |
| (a) day places | — | — | — | — | — | — | — | 36 | — | — | 36 |
| (b) boarding places .. | — | — | — | — | — | 3 | — | 15 | — | — | 18 |
| D. (i) on the registers of— | | | | | | | | | | | |
| (1) maintained special schools as— | | | | | | | | | | | |
| (a) day pupils | — | 3 | 2 | 1 | 1 | 1 | — | 523 | — | — | 531 |
| (b) boarding pupils .. | 2 | 1 | 10 | 9 | 12 | 13 | 5 | 161 | — | — | 213 |
| (2) non-maintained special schools as— | | | | | | | | | | | |
| (a) day pupils | — | — | — | — | — | — | — | — | — | — | — |
| (b) boarding pupils .. | 12 | 5 | 8 | 4 | 22 | 13 | 13 | 58 | 8 | — | 143 |
| (3) on the registers of independent schools under arrangements made by the Authority | 1 | — | 9 | 4 | 14 | 5 | 74 | 41 | — | — | 148 |
| D. (ii) boarded in homes and not already included under (i) above | — | — | — | — | — | 3 | 6 | — | — | — | 9 |
| TOTAL (D) | 15 | 9 | 29 | 18 | 49 | 35 | 98 | 783 | 8 | — | 1044 |
| Number of children awaiting places or who are receiving special education in special schools or who are boarded in homes. | | | | | | | | | | | |
| TOTAL of C (i) a and b, and D | 15 | 10 | 31 | 19 | 60 | 45 | 116 | 1065 | 10 | — | 1371 |
| E. Being educated under arrangements made by the Authority in accordance with Section 56 of the Education Act, 1944— | | | | | | | | | | | |
| (i) in hospitals | — | — | — | — | 46 | — | — | — | — | — | 46 |
| (ii) in other groups (e.g. units for spastics, convalescent homes) .. | — | — | — | 21 | 26 | — | 30 | — | — | — | 77 |
| (iii) at home | — | — | — | — | 21 | 5 | 7 | 4 | 4 | — | 41 |

TABLE XV

CHILDREN FOUND UNSUITABLE FOR EDUCATION AT SCHOOL

During the calendar year ended 31st December, 1966:—

| | |
|--|----|
| (i) No. of children who were the subject of new decisions recorded under Section 57 (4) of the Education Act, 1944 | 4 |
| (ii) No. of reviews carried out under the provisions of Section 57A of the Education Act, 1944 | 10 |
| (iii) No. of decisions cancelled under Section 57A (2) of the Education Act, 1944 | 3 |

TABLE XVI

SCHOOL CLINICS

as at December, 1966

| | Sessions |
|---|----------------------|
| Child Guidance : | |
| Walton House, Walton Street, Aylesbury | 4 sessions per week |
| 88 Roberts Road, High Wycombe | 9 " " " |
| The Health Centre, Burlington Road, Slough | 7 " " " |
| Whalley Drive, Bletchley | 4 " " " |
| The School Clinic, Germain Street, Chesham | 4 " " " |
| Dental : | |
| Pebble Lane, Aylesbury | 14 sessions per week |
| Whalley Drive, Bletchley | 13 " " " |
| Flat 1, Verney Close, Buckingham | 2 " " " |
| The School Clinic, Germain Street, Chesham | 8 " " " |
| 51 Priory Road, High Wycombe | 24 " " " |
| The Health Centre, Victoria Road, Marlow | 5 " " " |
| The Health Centre, Burlington Road, Slough | 18 " " " |
| Wexham Court, Knolton Way, Slough | 1 " " " |
| The School Clinic, 122 Church Street, Wolverton | 2 " " " |
| Ambulance Centre, Chiltern Avenue, Amersham | 6 " " " |
| Health Centre, Parlaunt Park, Langley, Slough | 7 " " " |
| 1 Wentworth Avenue, Britwell Estate, Slough | 5 " " " |
| Ophthalmic : | |
| 51 Priory Road, High Wycombe | 2 sessions per week |
| The Health Centre, Burlington Road, Slough | 3 " " " |
| Orthoptic : | |
| 51 Priory Road, High Wycombe | 4 sessions per week |
| Speech Therapy : | |
| Walton House, Walton Street, Aylesbury | 4 sessions per week |
| The School Clinic, Germain Street, Chesham | 2 " " " |
| The Health Centre, Oxford Road, Denham | 1 " " " |
| The Health Centre, Burlington Road, Slough | 4 " " " |
| Health Centre, Britwell Estate, Slough | 1 " " " |
| Health Centre, Parlaunt Park, Langley, Slough | 2 " " " |
| Health Centre, Victoria Road, Marlow | 1 " " " |
| Health Centre, Wexham Court Estate | 2 " " " |
| 51 Priory Road, High Wycombe | 4 " " " |
| Vaccination and Immunisation : | |
| Municipal Health Centre, High Wycombe | 2 sessions per week |

